THE

MEDICAL EXAMINER.

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NOTICE TO CORRESPONDENTS.

Communications and Books for notice should be addressed to the Editor, care of Messrs. Lindsay & Blakiston.

Letters, &c., connected with the *business affairs* of the Journal should be addressed to the Publishers.

Papers for publication must be received *before* the 16th of the month, or they cannot appear in the forthcoming number.

The following Journals have been received in exchange:

Medical News and Library, June.
New Jersey Medical Reporter, ditto.
New York Medical Times, ditto.
American Medical Monthly, ditto.
American Medical Gazette, ditto.
Boston Medical and Surgical Journal. (Weekly.)
Buffalo Medical Journal, June.
Stethoscope, ditto.
Virginia Medical and Surgical Journal, ditto.
New Hampshire Journal of Medicine, ditto.
Nelson's American Lancet, ditto.
Montreal Medical Chronicle, ditto.
Peninsular Journal of Medicine, ditto.
Ohio Medical Counsellor. (Weekly.)
North-Western Medical and Surgical Journal, June.
Nashville Journal of Medicine, ditto.
Southern Journal of Medical and Physical Science January and March.
Iowa Medical Journal, April and May.
Southern Medical and Surgical Journal, June.
Western Journal of Medicine and Surgery, May.
New Orleans Medical News, June.
Edinburgh Medical and Surgical Journal, April.
Edinburgh Monthly Journal of Medicine, May and June.
London Pharmaceutical Journal, May.
London Lancet. (Weekly.)
London Medical Times and Gazette, ditto.
Glasgow Journal, April.
Dublin Medical Press. (Weekly.)
Gazette Medicale to April 21st.
El Porvenir Medico.
Anales de la Sociedad de Med. Montevideana.

BOOKS AND PAMPHLETS RECEIVED.

Ashwell on Female Diseases. Blanchard & Lea.
Monograph on Mental Unsoundness, by Francis Wharton, Esq.
Tyler Smith on Leucorrhœa. Blanchard & Lea.
Purple's Observations on Wounds of the Heart. S. & S. Wood, New York.
Medicine a Science, by H. Backus. Selma, Alabama.
Thirty-ninth Annual Report of the Friends' Asylum, Frankford.
Transactions of the Alabama State Medical Society.

The foreign correspondents of the Examiner will please direct their Exchanges, Books for review, and other communications, to the care of Trubner & Co., No. 12 Paternoster Row, London, or Mr. H. Bosange, 21 Bis, Quai Voltaire, Paris.

Charleston Medical Journal, January.

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MEDICAL EXAMINER.

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THE

MEDICAL EXAMINER.

NEW SERIES.—NO. CXXVII.—JULY, 1855.

ORIGINAL COMMUNICATIONS.

Epidemic Jaundice in Montgomery County, Pa.

By HIRAM CORSON, M.D.

While I do not think it necessary for every one who meets with a few cases of severe disease, even very unusual ones, to make them the bases of a *theory*, and from this limited experience to lay down rules of practice applicable to other cases, it is certainly the duty of all, to record facts and observations for future generalization, by those fitted for the work. A brief notice of some cases of jaundice which occurred in my practice in the latter part of last year, may, therefore, not be uninteresting. On the 8th Sept., called to No. 1, a healthy Irish woman, aged 25, pregnant, at or near seventh mo., with her third child. Found her deeply jaundiced; urine in a deep vessel resembled strong infusion of coffee; linen steeped in it becomes tinged a bright yellow; stools white; great soreness around the fore part of the body, pit of stomach, and margin of the ribs, while the *pain* was entirely confined to a spot about *an inch above the umbilicus*; appetite almost lost, but still drags herself about her work. She lives in a low place, near the river Schuylkill, and has been much worried for two weeks nursing her husband with dysentery. Ordered calomel and rhubarb to move the bowels, blue mass moderately every day, with occasional laxatives. On 15th slight labor pains commenced, which, in defiance of every effort to arrest them, increased so as to produce delivery on the 18th of a feeble child, which lived but about an hour. Up to this time the yellow color

of the skin was as deep as I have ever seen it in any patient; it then began to subside, and in a few weeks the health and color were re-established; since quite well. This was in an ague district, but there was hardly a case of intermittent fever in that region during the last year, which is remarkable from the fact that there are many unacclimated persons annually engaged at the furnaces in the neighborhood.

No. 2.—Sept. 26. Miss B. C., aged 6 years, on high ground, two miles nearly from No. 1. Well marked case; rhubarb and magnesia, in small doses for a few days, relieved the symptoms, and in two weeks she was pretty well.

No. 3.—Sept. 26. Miss B., aged 18, has had for a few days chilliness, pains in bones, and other feelings which she thought heralded ague. I found skin and eyes yellow; urine like coffee; stools white, and several in 24 hours; pain just above navel; soreness on margins of ribs and at pit of stomach; still moving about her work. A few cathartic pills, some cream of tartar as drink, and she convalesced in a few days. High ground, $\frac{1}{4}$ mile from No. 2.

No. 4.—Mrs. C., aged 27, at 7th mo. of first pregnancy. Has been complaining for nearly two weeks of chilliness, pain in bones, loss of appetite, soreness of abdomen, &c. Now, Oct. 3d, jaundiced symptoms present; much pain in epigastrium; frequent vomiting. On 5th, pains like those of labor began, and continued to recur from time to time until the 8th, when she was delivered of a small feeble child, that lived but two or three hours. So great was the suffering in the region of the liver that venesection, cups, &c., were used before delivery. After confinement the liver could be felt enlarged and tender to the touch. She was very ill for eight days after, and then gradually convalesced; quite well ever since. The pulse generally about 60.

No. 5.—D. S., healthy, strong man, aged 30. Oct. 15th. Has been poorly, with "pain in bones, no appetite, bad feelings" for a week. Color of the skin alarmed him, and I was sent for; pulse 64; tongue natural in appearance; all the symptoms of confirmed jaundice; has been quite sore in hypochondriac region, but now only complains of pain at navel; has already taken two doses of purgative medicine; convalesced in about a week.

No. 6.—D. F., aged 13. Oct. 14. Has been poorly since last

of September; for a week has been jaundiced, stools white, &c., &c.; has taken no medicine, and as I was called to see the mother and he is said to be better, I gave him no medicine, and he continued to improve, and in a week more was well, and has better health this spring, 1855, than he has had before; took no medicine of any kind; pulse 64.

No. 7.—Mrs. F., aged 35, and mother of No. 6, was "sore and stiff" for nearly two weeks before she saw the change in the skin, fæces and urine. It has been nearly 10 days since she has had confirmed jaundice, and the disease is abating, though she has taken no medicine, but she is alarmed to-day on looking at her urine. It is not so high colored as it has been, but is yellow and almost thick with ropy mucus. A lump can also be felt over the lower orifice of the stomach of the size of a medium orange, which is slightly tender to the touch; but for these considers herself getting well; pulse 64, and complains much of a taste like the smell of rotten eggs when eructations occur. Ordered a cathartic and some diuretics; convalesced.

No. 8.—L. S., aged 45, strong man, has had the disease strongly marked for a week; had pain nowhere, except *just above the navel*, although there was *soreness* all around epigastric and hypochondriac regions; no apparent loss of appetite, but always felt bad after eating, and several times threw up his food, but without much sickness; had taken epsom salts. Ordered rhubarb and magnesia; was well in about two weeks.

No. 9.—J. K. C., aged 18, active boy, has had pain in stomach; chills, &c., for a week; taste like that of hard boiled eggs, when he eructates; pulse only 60; no thirst; does not miss a meal, but is not hungry; jaundice well marked; mild purging relieved him in two weeks.

No. 10.—Miss M. L., aged 17. I was sent for on account of the deep yellow color of skin and eyes; has been intensely yellow for a week, but as she was a hired girl and made no complaint, she was left without medicine; complains scarcely at all of soreness or pain, even on pressure, yet the stools are chalky; urine like coffee, &c. Put her on the use of podophylline, first as a purgative, and afterwards as an alterative; convalesced in about three weeks. Although there was such an absence of suffering in this case, I thought I could plainly feel an enlarged liver.

No. 11.—Mrs. M. F., same house with the above, aged 47; well marked case; convalesced in two weeks.

No. 12.—Mrs. Mc., aged 36, married, pregnant at 7½ month with 7th child. Nov. 13. Has had giddiness and dulness in head for about one week; all the symptoms of the disease strongly marked; frequent eructations of the sulphuretted hydrogen taste; very giddy, so as to be compelled to lie down often. Her first symptoms were itching and burning in hands and feet at 4 o'clock every day. In about a week this left the hands, then the feet, and spread all over the body in the same way, at 4, P. M. This was accompanied with cough, which continued till some time in the night, and then they declined together. Although these symptoms occurred every day about 4 P. M., yet she was much worse every other day. Saw her Nov. 13; is very *giddy*, not sick; giddiness and yellow tinge of skin came on about a week since; taken one dose of quack pills; tongue nearly natural in appearance; no thirst; pulse 64; intensely yellow, quite costive; itching over the whole body, and but for the giddiness would be able to do her work. The pills which she had taken operated well in a few hours after my visit, and next day her pulse was at 80. Tuesday 21. Has taken quinine and rhubarb and blue mass since last visit; still thinks she is worse every other day; stopped all medicine to watch the case for a day or two. Wednesday 22d. She says that yesterday near evening, while up and about, pains and purging came on, so as to compel her to be on the chamber nearly constantly; at midnight took 20 drops laudanum, which relieved the pains, but the purging continued, and this morning on measuring the discharges I find a full gallon of whitish water with shreds and patches of white mucus such as occur in dysentery; swelling of the feet (which I forgot to mention) has disappeared. Ordered ext. bark. Friday 24. Feels pretty well, but no change in the jaundice. 27th. Delivered of a living child at 8th month. Dec. 5. Feels pretty well; yellowness slightly diminished; urine very high colored; stools white; has pain after eating, and yet the tongue looks quite natural; slowly recovered; nursed the child; milk did tinge the linen slightly I thought; child did well.

No. 13.—Mrs. J., aged 30, pregnant with third child, at 7½ months. Symptoms well marked. Labor came on in a few days; child and mother did well.

No. 14.—J. D., boy aged 10. Well marked case; Nov. 2d.

No. 15.—J. L., strong man, aged 26; poorly for two weeks but still at his work until to-day, Nov. 20; so wretched now he can work no longer. Chills; pain at navel; soreness in right side; thinks he has something like ague every other day; bowels moved twice nearly every night; pulse only 60 at any time until convalescence; tongue nearly natural. Bone-set infusion to vomit; bath; ex. bark. Dec. 1, convalescent.

No. 16.—C. L., healthy man. Nov. 14th, has been poorly nearly two weeks; now confirmed jaundice; is sore in epigastrium and margins of ribs, but refers all his pain to a spot an inch above the umbilicus; appetite impaired; slight thirst; pulse of natural fulness, but only 64 per minute; tongue slightly furred. Nov. 16, has been well purged; feels better, but pulse is now only 56 per minute; convalescent in a few days (aged 45).

No. 17.—Miss B. C., aged 5, not well for nearly two weeks; mother thought she had something like "dumb ague;" is now deeply jaundiced; capricious appetite; tongue nearly natural; playing almost as usual; pulse 66; well in two weeks.

No. 18.—T. L. a healthy carpenter, aged 22. Nov. 13 felt drowsy, and noticed a yellowness of skin; but about 17th had pain and soreness of abdomen, giddiness, shooting pain in the region of the heart; chills and fever several times a day; soreness of body on making a mis-step, or on lying down. I saw him on 21st; confirmed jaundice; pulse regular, and just 60 per minute; *tongue quite natural; appetite craving;* no enlargement of liver. Gave an aperient sol. of aloes and bi-carb. of soda every three hours, so as to purge daily. Nov. 25th, getting well. This case was doubtless recovering before I saw him, as the bitter taste had left him on the 19th, and appetite had become craving.

No. 19.—Mrs. L., aged 38, nursing her third child. Jan. 1st, 1855, has had chills and fever for two weeks nearly (never had ague.) Is intensely yellow; has a bitter taste, and everything she has eaten for many days has made her feel sick, but she has not vomited. She has thirst, but her tongue is clean and her pulse natural—72 per minute. Ordered sulph. zinci and ipecac. as an emetic, followed by podophylline as a cathartic. In four days much improved and considered as convalescent; pulse still at 72.

No. 20.—H. S., aged 15, strong healthy boy. Saw him Jan. 15; has been poorly since Jan. 5; had nausea; soreness of abdomen; pain above navel, and vomited once on taking some medicine; strongly jaundiced, and *pulse only* 52; purged him well; convalesced in a few days.

No. 21.—Irish boy aged 5. Jan. 9th, well marked case; gave podophylline; it vomited and purged freely, and he began at once to convalesce.

No. 22.—Hired girl but a few weeks from Germany; aged 28; has been poorly for two weeks; strongly jaundiced; on compound cathartic pills; relieved.

No. 23.—Miss E. L., aged 24. Strongly resembled an intermittent fever, but resisted the treatment by quinine; the symptoms of jaundice developed and then yielded to purgatives.

No. 24.—Miss H., aged 3 years; quite poorly for a week; all the well marked symptoms of jaundice; pulse 60; convalesced in a week.

No. 25.—Mrs. H., well marked case; sick two weeks, but has continued at her work. Treated by purgatives.

No. 26.—Mrs. L., aged 50; chills and fever; finally jaundice; cathartic every two or three days; convalesced.

No. 27.—Mrs. E. L., aged 48; quite a severe case; tried Dr. Physic's alkali and brandy medicine; produced severe vomiting; mild cathartics did well; pulse 56.

No. 28.—Mr. S. aged 26, shoemaker. Saw him Jan. 25; walked to my office. Five days since he first noticed his skin and eyes yellow; had felt well before, except a little uneasy for a couple of hours after eating; has vomited on two or three occasions; has had heart-burn and hiccups. Took a glass of brandy to sweat himself, but it vomited him severely; has no pain or soreness in the abdomen; is quite yellow. Ordered ap. sol. to move bowels gently every day. Convalesced speedily.

Dr. Leedom says, in a note to me, that he "had three cases of jaundice at Barren Hill (the infected district.) One was in an old man of 60 years; another a stout, robust man of 45; the third a man of 26." Besides these 31 cases, there were 7 who did not apply to any physician, or were prescribed for by some one in the neighborhood, and of which I have no account; these were all well marked cases, and known to me; doubtless there

were other mild cases. All the cases save two were on the high ground along the Germantown and Reading Turnpike Road, and most of them within a space of less than half a mile; twelve cases occurred in nine families within a few yards of each other, and all at nearly the same time. There were twenty males and eighteen females. Of the males there were married 11; unmarried 9; two were over 70 years, four from 50 to 60, two from 40 to 50, three from 30 to 40, five from 20 to 30, one from 10 to 15, and one of 3 years. Of the females there were married 8, widows 2, unmarried 8; three over 40, three over 30, five from 20 to 30, four from 17 to 20, three from 3 to 5; four pregnant at from $6\frac{1}{2}$ to $7\frac{1}{2}$ mos., and had premature labors. The two children born at 7th month died within a few hours. Those at 8th month grew finely.

While many of the above cases were very severe, particularly those of the pregnant women, all recovered, and have been in good health ever since—a period of nearly six months. It may be said by some that these were cases of intermittent fever. In the course of my practice I have had many isolated cases of jaundice, and I can truly say that not even those from obstructions produced by gall stones were purer cases of jaundice than these. Intermittent fever has seldom appeared, even to the most limited extent, in the region where this epidemic prevailed most. In 1854 it did not prevail anywhere in this region. Now let us notice a few facts. Intermittent fever has pain in the back and head; furred tongue; thirst; quick pulse, &c. These cases were generally free from thirst; pulse slow, often from 50 to 60 in persons under age; tongue *natural in appearance*; no pains in the back; soreness in pit of the stomach and on margins of ribs; *pain* always at or an inch above the navel; ability to eat, but generally uneasiness after doing so.

Jaundice as an epidemic is new to me, but I offer these cases as food for thinking minds. Let us look at them all at once. Forty persons, of all ages and both sexes, and in good health, find themselves gradually becoming of a deep yellow color; pulse which was at 72 falls to 50 or to less than 60. The stools become white as chalk, and for the first few days there are several stools daily. The urine looks like coffee infusion; there is a pain near the navel, and soreness at pit of the stomach and on the ribs;

there is nausea and vomiting at times; but mark, with all this evident change in the proper performance of the functions of the liver, in this *bilious* condition of the system, there is no thirst, no coat on the tongue, but on the contrary it is *natural in appearance.* The liver does not act, or, to use a common phrase, it is torpid, and yet the tongue is clean. There is pain and soreness in the abdomen, but the pulse is reduced fifteen or twenty beats per minute. It is evident that this torpor of the liver—this want of bile in the intestines, does not cause a change in the appearance of the tongue nor produce thirst. How must those persons be at fault who are always seeing a disordered condition of the liver in the furred tongue; and how pernicious is that error when it leads them to goad the system with that supposed specific for torpor of the liver, in order to clean the tongue. Is it not probable that the tongue is seldom affected except by disorders of the stomach alone?

The treatment pursued by me was by mild laxatives and purgatives. The podophylline was several times used as a substitute for the mercurials, or in other words as a purgative, and with good effect. Others were treated by the aperient solution made of aloes and bi-carb. soda, so highly recommended by Dr. Mettauer, of Virginia, in constipation. Occasionally emetics of bone-set, diuretics, podophylline or rhubarb, as an alterative, and venesection and cups in a few cases. I have heard of jaundice as an epidemic, but I believe it is rare, as I have not seen it noticed in works on practice, except a mere reference to it by Dr. Wood in his Treatise.

Mineral and Thermal Springs of the United States.

By John Bell, M.D.

(Concluded.)

Warm Springs.—They are situated in a valley in the county of Bath, between two ranges of mountains, 170 miles from Richmond and 50 from Staunton, on the turnpike road which leads to the Ohio. There is not a more delightful natural warm bath to be found in any part of the world than is obtained in the reservoir which receives the water of the chief spring. Its temperature at first 98° F., is soon reduced to 96°, and for mere

luxurious enjoyment it would merit a visit from Hudson's Bay, not to speak of Canada or New England. The large bath is of an octagonal form, 38 feet in diameter, and, on an average, five feet deep. Nitrogen gas is largely evolved, and, in small quantities, carbonic acid and sulphuretted hydrogen gases. The solid contents are in small quantity, not 24 grains in a gallon of the water. In addition to the large octagonal bath for gentlemen, there are now a ladies' bath and a spout bath, and also a cold plunging bath near the first of these. The quantity of water given out by the warm spring has been estimated to be a thousand gallons a minute.

All that has been said of the enjoyment from warm bathing, and its utility in a long list of diseases, is applicable to the external use of the Warm Spring water. Having already enlarged on this subject in my work on "Baths and the Water Regimen," I shall not dwell on it at this time. Adequate attention is not paid to the systematic use, internally, of this water, which, although possessed of little mineral strength, might be made a powerful and an efficacious auxiliary to the bath. In plethoric and inflammatory states of the system, and with a tendency to cerebral determination and excitement, caution must be displayed in the large or prolonged employment of this double remedy; for, although the temperature is such as to bring it within the limits of the warm bath, it comes so near the hot as to prove in many cases a stimulant, and, as such, it is not to be trifled with under the circumstances just mentioned.

The house at the Springs is one of the best.

Hot Springs.—These Springs are situated five miles west of the Warm, and in the same county of Bath. The hotels and cabins have little in their appearance to recommend them, but the table is said to be very good. The water of the baths—six in number—is from 98° to 106° F., and it is so distributed as to allow of its use by immersion in the common way, and by the douche or spout. As no person in his senses, who is in common health, ought to take a *hot* bath for mere pleasure, these waters are resorted to by the sick and invalid, and hence there is not the crowd at the Hot which is so common at the other springs, especially the White Sulphur.

Unable to enter into minuteness of detail as to the modes and

times of employing the waters, or to specify the diseases to which they are applicable, I must content myself with remarking that they are too powerful to be had recourse to except under medical guidance. As excitants of the first class, they are only adapted to diseases of functional debility, without inflammation or active congestion, or fever. In chronic rheumatism and gout, and in chronic stomachic and intestinal diseases, in which the circulation is languid and the skin cold or clammy, the tongue moist, with an absence of thirst, the hot bath and hot douche and drinking the hot water display, often, wonderfully restorative powers. So, also, in tumid livers and spleens after a subsidence of fever and phlogosis, in paralysis where the brain has recovered its functions, and in stiff and anchylosed joints and indolent and scrofulous tumors, old ulcers and chronic diseases of the skin, especially of the scaly kind, these means deserve a full trial. The application of hot water by douching adds greatly to its power.

Healing Springs.—These springs, only noticed within a few years past, are three and a half miles south of the Hot Springs. The temperature of the water, as tested by Dr. Burke, is 84° F. In composition, he represents them to resemble closely the Sweet Springs, and perhaps the Red Sweet more. They are, according to the popular belief of the neighborhood, invested with miraculous powers. They are most extolled in rheumatism, sprains, herpetic eruptions, and scrofulous ulcers. As a bath their temperature makes them adapted to a large class of persons.

The Group of Sulphur Springs.—On leaving the Hot Springs the traveller reaches, after a journey of 35 miles in a south-western direction, the White Sulphur Springs; and if he continue on westwardly he comes to the Blue Sulphur, distant 22 miles from the White. The Salt Sulphur Springs are 24 miles south-west from the White, and the Red Sulphur are 17 miles further on in the same direction. This is not the place to speak of the geological relations of these several Springs, nor to inquire how far they are all referable to the class of what have been called, of late, by some, Secondary, or Accidental Sulphureous Springs, in contrast with those of the Pyrenees, chiefly thermal, by the way, which alone are thought to belong to the class of the Natural or Primary Sulphureous. For the latter have been claimed a therapeutic energy by no means proportionate to the amount

of their constituent principles; so that some of them, with only half or even the fourth of the latter contained in the secondary class, will, we are told, display much more curative power. These are points on which I can only enlarge with advantage in my forthcoming volume,* in which the natural history of both common and mineral, and thermal springs, and their peculiar features, as exhibited in different parts of the world, will be given in requisite detail.

Whatever result may be reached in an inquiry of this kind, no one can contest the really curative virtues of the waters of this entire group; at the same time, no one will deny that they are all endowed with such therapeutical energy that they must be either beneficial or mischievous, according to the wisdom of the prescriber in adapting their use to meet the requisite indications. No visitor at a sulphur spring can gorge himself with the waters, for experiment or amusement, with impunity. In fact, few remedies are as diffusive in their action on the animal frame, or as searching and alterative on the tissues, as the sulphureous. But, in order to produce their full and salutary effects, they ought to be administered in quantities, or doses, of moderate strength and for a lengthened period, and in that state of dilution in which they are found in mineral springs. By this means we shall avoid, in a great measure, that excitement and disturbance of function, resulting from the common indiscriminate use of the waters, which not seldom constitutes a disease in itself, or brings back with aggravation the original malady they were intended to remove. Some, particularly the German physicians, insist on the necessity of a morbid reaction of this kind, especially after the prolonged use of baths of a high temperature, which they call bad-storm or commotion. Were we to admit this, it ought to be regarded as a conclusive reason for a longer time being taken and greater patience displayed by the invalid, and more watchful superintendence on the part of the physician than are conceded for the treatment of a case of chronic disease at any of the sulphur springs. To do full, we ought rather to say common justice to such a case, the methodical and

* I do not refer now to the Manual on the Mineral and Thermal Springs of the United States which is now in press; but to a more complete work in progress, of which this is but an instalment.

regular use of the bath must be enjoined with drinking of the water.

Experience has pretty well established the fact of the water of the *White Sulphur Springs* on Howard's Creek, the original White Sulphur, of Greenbriar county, being the strongest, most active and stimulating, and, therefore, when misapplied, the most mischievous of the group; and which requires the greatest caution in its use. These matters will be regulated by physicians on the spot. Among these, Dr. Moorman has given us the result of his now somewhat long experience of the remedial value of the White Sulphur Water, in a small volume, entitled "The Virginia Springs." The temperature of this water, 57°, (he says 62° F.) is some degrees higher than that of the common springs of the district, and makes it rank in the quasi thermal class.

The *Red Sulphur Spring* furnishes a water which is the mildest of the group, and perhaps of its class, and it has even been regarded by some as sedative in its operation on the animal economy, although this is a contested point. Still more, it has been extolled for its power to cure pulmonary consumption itself. Instances are recorded of its effects on the action of the heart, so as to reduce the beats of this organ from upwards of 100, and even 120 and 130, to 70 and 65 in a minute. Drinking of it allays thirst and causes sleep. That it has a really soothing and salutary effect in tracheal and bronchial irritation seems to be pretty evident; but of its curing consumption we have, I believe, no well authenticated proof. It will not probably aggravate this disease, as the water of the White Sulphur does. For details of the operation and curative powers of the Red Sulphur, the reader is referred to the work of Dr. Burke, on "The Mineral Springs of Virginia."

Salt Sulphur Springs.—The designation of salt is hardly explicable by the very minute quantity of chloride of sodium which enters into the composition of these waters. It contains larger proportions of sulphates of soda and magnesia. The temperature varies from 49° to 56° F. As more aperient and diuretic than some others of its class, the Salt Sulphur, though it must still be ranked as an excitant, is applicable to mixt cases of febricula and languor, as in chronic dyspepsia and renal affections, and chronic diarrhœa; in some of which the frequency of the

pulse has been diminished under its use. The water of the "New Spring," with a smaller proportion of saline matters, has more evident traces of iodine than the "Old Spring."

The Blue Sulphur Springs (Greenbriar county) are thirty two miles from the Red Sulphur, and nearly the same distance from the Salt Sulphur Springs, and twenty-two miles from the Sweet. Resembling in their chemical properties those of the White Sulphur, these waters are applicable to the same diseases, and require the same precautions for their use as the former.

The Sweet Springs, among the first of the mineral springs of this region which were visited by invalids, still retain their early attractions. They are situated on the eastern border of Monroe county, seventeen miles from the White Sulphur and twenty-two from the Salt Sulphur, in a beautiful valley, bounded on the north by the Alleghany, and on the south by the Sweet Springs mountain. It is the spot where the last rally of visitors is made for the season, before separating for their several homes.

The temperature of the water, 74° F., places it in the thermal class. In taste sub-acid and slightly alkaline, and evolving freely carbonic acid, it belongs to the class of acidulous waters, and may be used with the same benefit as these are. It is applicable, therefore, to irritable dyspepsia, with gastralgia, and to renal and hepatic colic, and to bilious diarrhœa. In renal affections, and especially in those of the lithic and phosphatic diathesis, and in irritable bladder, it is calculated to do much good, when continued for an adequate period. The same remark applies to chronic gout, of which these disorders are often varieties.

The full therapeutical value of the water of the Sweet Springs is far from being properly appreciated; and if a careful clinical record of each disease regularly subjected to its use were to be kept for a few seasons, by a resident physician, it would show, that these springs might be compared most advantageously with some of the most noted of the class on the continent of Europe. Their tendency, after a time, to produce constipation, and their immediate effects, evinced in fulness of the head and often drowsiness, point to their cautious use, if not, for a while, at least, their being withheld, in general and also in local plethora.

The copious supply of the water for bathing, and its tempera-

ture, are such as to attract many to the spot on this account alone, who would not take a cold bath, but who find in this temperate one a means of refreshment and invigoration, some would say rejuvenation, in which old Jason himself might have rejoiced, notwithstanding the marked preference of his daughter and doctress Medea for the hot bath.

Red Sweet Springs.—These are only a mile distant from the Sweet Springs, which they closely resemble in all essential particulars; with the exception of their being more evidently impregnated with iron than the latter. The two prominent gases are nitrogen and carbonic acid, in the proportion, respectively, of 62.5 and 37.5 per cent. Of the three springs, the upper has a temperature of 77° F., the middle 80°, and the lower 79°, the waters of which blended into one stream, give a temperature of about 78° F.

Dibrell's Spring, on the road from the Natural Bridge to the White Sulphur Springs, belongs to the sulphureous class.

Rawley's Spring, a strong and simple chalybeate, is in Buckingham Co., twelve miles from Harrisburg, and one hundred and twenty northeast from the White Sulphur.

The Holstein Springs are in Scott Co., in the southwestern angle of the State, near the Tennessee line, forty miles from Abington, and sixty from the Warm Springs of Buncome Co., N. C. One of them comes within the thermal limits, being 68°.5 F., or fifteen or sixteen degrees higher than the common springs of the country around. Of the saline constituents of the water, the chief ones are sulphates of magnesia and lime; the saline contents altogether being 41.14 grains in the gallon. It is represented by Dr. Gaines, to whom I am indebted for all the information I have on the subject, to be actively diuretic, and with suitable appliances diaphoretic. Its action on the bowels is induced, by restoring to the digestive canal its lost tone and healthy secretions. With proper caution, the bath will be found serviceable in certain cases.

In Eastern Virginia I have to speak of two springs which merit attention.

Church Hill Alum Spring.—This is a recent addition to the mineral springs of Virginia, having been discovered or rather opened only a few years ago, in the process of levelling a street,

which bordered on the garden of a lady in the city of Richmond. The supply of water is abundant, and its mineral constituents place it nearly at the head of this class of springs. An analysis by Professor Booth shows it to contain 184.5 grains of alkaline salts, 159.5 of salts of iron, and 7.3 of persulphate of alumina in a gallon. Of the alkaline salts nearly one half is Epsom salts. On this account it is generally aperient, while, at the same time, in view of its large aluminous and chalybeate impregnation, it manifests actively tonic and astringent properties. This alum water is of great value in a number of diseases, such as passive hemmorhage, the profluvia, nervous diseases, and cutaneous and ulcerative affections. It is used to a considerable extent in Philadelphia, and I have myself often prescribed it with decided benefit. It, like others of its class, varies in its strength according as a rainy or a dry season prevailed.

Huguenot (formerly Howard's) *Springs.*—These are two in number, a *Sulphureous*, and a *Chalybeate*, situated near James River, in Powhattan Co., 17 miles above Richmond, on the the main river road, between that city and Lynchburg. The Sulphur Spring resembles the White Sulphur, but its water is not so strong as that of the latter. The temperature of this water is represented by Dr. Royster to be several degrees higher than any other sulphur water with which he is acquainted. The precise degree is not mentioned. Suitable arrangements have been made for the reception and accommodation of visitors at the Springs.

Here I must cease from any further attempt at even brief descriptions, being compelled to close this article for want of space. I can only allude, therefore, to the thermal springs of Buncome county, N. C., with a temperature ranging from 94° to 104° F., and those of Ouachita, (Washitaw) in Arkansas, with their vapor baths, from 90° to 154° F. Kentucky can boast of the active Blue Lick Sulphureous and Harodsburg Saline Springs; Alabama of the *Bladon Acidulous Springs*, with some sulphureous impregnation; and *Baily's Spring*, *acidulous* and *chalybeate;* also several other mineral artesian wells, obtained when boring for common water. *Cooper's Well*, in Hinds Co., and the *Ocean Springs* in Jackson Co. Mississippi, whose waters are *Sulphureous*, *Saline*, and *Chalybeate*, also merit a distinct notice. I have tolerably full

notes of the mineral springs of Canada, and of the Thermal, Saline and Acidulous of Desorta, New Mexico, and California.

In conclusion, I would again renew my request to my medical brethren and other friends of science in the United States, to favor me with any information on Mineral and Thermal Springs, and also noted Common Springs which are much resorted to—in addition to those noticed in this article—so that my work may be as full and comprehensive as possible. Of the numerous acidulous and other springs of Florida I have as yet but little knowledge. Farther details respecting those of California and the whole northwestern territory would, also, be very acceptable.

Case of rapidly fatal Cholera-Morbus, from the presence of crude food in the bowel. By J. Forsyth Meigs, M.D.

Miss M , æt. 55, the subject of the following case, had had rather feeble health for some years, being subject to frequent attacks of dyspepsia and diarrhœa. Her general appearance was frail, but there was no evidence of positive organic disease of the great organs. She had had for a number of years double femoral hernia.

I was sent for at 9 P. M., of May 18th, 1855. She had been as well as usual in the morning, and was busily occupied about the house until between 2 and 3 P. M., when she was seized with considerable pain in the abdomen, and some diarrhœa. Nevertheless, she continued actively engaged in house-cleaning until 5 P. M., when she went to bed complaining very much of severe and griping abdominal pain, with frequent desire to go to stool. The dejections were very small. During this time she had, also, a great deal of nausea and retching, but rejected only small quantities of fluid from the stomach. At 9½ P. M., when I saw her, her countenance looked badly. The first impression it gave me (and correctly too, as the event proved,) was that she was seriously ill. The face was pale, anxious, somewhat pinched, and, in fact, choleratic. The pulse, however, was of good volume, not weak, regular, and only 92 in the minute. The skin was natural, neither too warm nor too hot. The tongue was moist and clean. On examining the abdomen, I found the lower half tumid, rounded, quite tympanitic, and somewhat, but not very

tender to the touch. The muscular force was good, as she turned freely in bed at my request, and had been rising often to the sick-chair. There was no fault in the intelligence or senses, and she expressed herself as not feeling seriously ill. There had been some ten or fifteen discharges by stool during the afternoon, some of which I saw, and found them to consist of small quantities of mucus and blood. I could not learn that there had been any indiscretion in diet, or any other cause for the attack.

Supposing the case to be one of sudden dysentery, I ordered a large teaspoonful of castor oil with ten drops of laudanum, and some pills of opium and gallic acid, to be taken afterwards. A laudanum injection was to be given if necessary.

I did not see the patient again, as she died very suddenly in the night, but learned, upon inquiry, that the discharges ceased almost entirely soon after my visit, though there was still frequent desire to go to stool. The pain in the abdomen was violent, at times intense. About 1 o'clock in the night her hands were observed to be very blue, and her mind wandered a little. At 1½ o'clock she suddenly expired, just after having been raised up in bed momentarily, at her own request, in the hope of alleviating her suffering. As she was dying, there was rejected from the stomach a very large amount of thin liquid of a dark color.

At the post-mortem examination, on the following day, the appearances were as follows: Abdomen very much distended, and highly tympanitic. On opening that cavity the distention was found to occupy chiefly the small intestines, whilst the large was rather diminished in size. A small amount of reddish serous effusion was observed in the posterior part of the peritoneal cavity. No traces of peritoneal inflammation. On each side was the sac of an old femoral hernia, but entirely empty, and without a sign of inflammatory action. Stomach large, much inflated with gas, and containing a very large quantity of pinkish serous fluid; its coats, especially about the pylorus, softened. Small intestine greatly distended down to within about eight inches of the cœcum, and filled with gas, and particularly with enormous quantities of a thin, watery serum, colored of a marked pinkish tint. The amount of this fluid was immense, it being found at all parts of the small intestines, and rushing out in a full stream wherever these were opened. The mucous membrane was healthy, being

of the proper color and consistence. Shining through the peritoneal coat, however, as the intestine was viewed from without, there was, here and there, a somewhat marked arborescence. Eight inches above the ileo-cœcal valve was found a foreign body, filling up rather completely, but not entirely obstructing, the calibre of the intestine. In the immediate neighborhood of this body the mucous membrane was slightly injected, somewhat softened, and the isolated glands were a little enlarged. The foreign body consisted of a portion of apple scarcely at all softened by the alimentary fluids. A thin layer on the outside was alone softened, while the interior was scarcely moist even. The piece of apple consisted of about one-third of a medium sized one. It measured about two inches in breadth, and the same in length.

Below the point where the apple was found the intestinal canal was healthy. The only deviation from the natural appearances was an unusual contraction at some parts, in the diameter of the tube. None of the purplish serum above spoken of was found below the point where the apple was lodged.

Remarks.—The above case was clearly one of cholera-morbus caused by the presence of crude food in the intestinal tube. The piece of apple which caused the death of the patient was too large to have been swallowed in the form in which it was found. It must have been swallowed as dried apple, in which state, having ~~lost all its~~ fluids, it would not possess more than a fourth or sixth of the bulk it did in the recent state. This case is, therefore, still another instance of the frail tenure by which life is held, and another proof that the health, and even the life of the human being is, to some extent, at least, within his own control. Had this woman been taught more caution about her eating, had she been taught even a little physiology in her younger days, she had never swallowed a mass of hard, coriaceous, dried fruit, which, at the best, would task severely the solvent power of her stomach, and at the worst, might pass undissolved into the intestine, and there so irritate and disturb the order of vitality as to cause death in the short space of less than a single day.

Of Cephalic Version in Shoulder Presentation with the Arm in the Vagina. By R. A. F. Penrose, M.D.

(As read before the College of Physicians.)

The case to which I wish to call the attention of the College, is interesting, as having been one of difficult labor, in which an unusual method of delivery was attempted and entirely succeeded. The case to which I refer was one of shoulder presentation, and the treatment consisted in bringing the *head* of the child to the superior strait, instead, as is almost universally recommended, making version by the feet.

My attention had been called to this plan of treatment for similar cases by a pamphlet of Dr. Wright, of Cincinnati, in which he advocates the resort to version by the head in all cases where the shoulder presents, even though the arm of the child be in the vagina.

It is not necessary that I should ocupy the time of the college in referring to the opinions of authors on this subject, as they are doubtless well known to all present; the almost universal direction in these cases being, particularly when the arm is in the vagina, to resort to version by the *feet*.

The following is a history of the case which I take from my notes:—

On the evening of the 3d of April I was called, by a midwife, to see Mrs. M——, as a case of difficult labor which she could not manage. On reaching the patient I learned that she had been taken in labor some time in the morning; that at two o'clock she had given birth to a child, and that the midwife, on making an examination, discovered a second child, presenting by the shoulder, its arm being in the vagina. This was at two o'clock in the afternoon. I did not see the patient until about seven o'clock, five hours after the rupture of the membranes. I then found her with the uterus contracted spasmodically upon the child, suffering a great deal of pain in consequence, whilst her condition had not been at all improved by brandy freely given by the midwife.

On making an examination, I found the arm in the vagina, considerably swollen, the shoulder at the superior strait, the head high up in the right iliac fossa, being readily felt through the abdominal walls, the back of the child towards the symphysis pu-

bis. Having carefully diagnosed the position of the child, I determined to resort to version by the *feet*, but met with so much difficulty from the firm contraction of the uterus, together with the great irritability and restlessness of the patient, who rolled and struggled so violently when I attempted the operation, partly no doubt from the effects of the brandy she had taken, that I was forced to desist. I then determined to try the plan of treatment as suggested by Dr. Wright, which consisted, as the first step, in carefully returning the arm into the cavity of the uterus, which was not very difficult, and then, with two fingers on the shoulder I endeavored, not so much to push it up, as to slide it away from the superior strait, attempting, in fact, to imitate spontaneous version, by causing the whole body of the child to revolve in the cavity of the uterus; this action upon the shoulder was very much facilitated by an external manipulation, through the abdominal walls, upon the head in the iliac fossa, which consisted in attempting to force it toward the superior strait. To my surprise the shoulder readily yielded and ascended; the next minute, still continuing the process, the neck, and shortly after the side of the head, were felt at the superior strait, and then, by a little more manipulation, the vertex was brought down in the left occipito-anterior position. The moment the head was placed in the proper position, the patient expressed herself completely relieved from the severe pain she had been suffering for hours.

For a time, the uterus ceased entirely to act, but pains coming on they were stimulated by ergot, the parts having been dilated by the passage of the first child, and, in about an hour after, the child was born ALIVE.

It is proper, however, to state, as explaining, to a certain extent, the facility with which the operation was performed, that the child weighed only five pounds, yet on the other hand it should be recollected that the smallness and mobility of the child is perhaps the most common cause of shoulder presentations, and hence, in such presentations, we may expect, very generally, to have small children to deal with, and moreover that version by the *feet* had been attempted, and had not been accomplished.

It might be urged that, as the child was not large, the case

might have been left to nature, and labor terminated by spontaneous evolution. But what are the facts of the case? Five hours had elapsed since the rupture of the membranes, and one of the earliest changes noticed when spontaneous evolution takes place had not yet occurred; I refer to the rotation of the presenting shoulder to the symphysis pubis, as preparatory to its engagement beneath the arch; indeed, the spontaneous expulsion of the child in these cases is the exception, not the rule; and when it does happen, if we think for a moment on the mechanism of labor by which delivery is accomplished, we cannot fail to perceive that the mother must be exposed to all the dangers attending a long and painful labor, while the child is so powerfully compressed that death is the general result. Velpeau gives statistics of one hundred and thirty seven cases of spontaneous evolution, in which but twelve children were born alive.

It is asserted by some that an error of diagnosis has existed in those cases where it is stated that version by the vertex has been successfully performed in shoulder presentations; that they have been really cases of head presentation, complicated by a descent of the arm. But this certainly was not so in the case to which I refer, the head being distinctly felt in the right iliac fossa, through the abdominal walls, whilst the partial introduction of the hand into the cavity of the uterus, in the attempt to make version by the feet, enabled me perfectly to recognize the position of the child.

Again, it is said that the operation of version by the vertex is a very difficult one, that we cannot, without subjecting the mother to very great danger, push up the presenting part of the child, and search for the head; and then, having found it, that we cannot grasp the round and slippery occiput and bring it to the superior strait. This objection in many cases may be well founded, but the operation which I have related consisted, rather, in pushing the shoulder away from the superior strait, causing, thereby, the child to revolve in the cavity of the uterus; of course as soon as such a motion of rotation is communicated to it, by pushing away the shoulder, we must, of necessity, have some other part brought to the superior strait, which part will be first the neck, then the head, and by a little manipulation the occiput can be brought down, and an *impracticable* case of labor can be

thus changed, without, or with comparatively little pain to the patient, and in a few minutes, to one of the most simple character; and not only thus changed, but effected without exposing the child to the great risks to which it is always liable when version by the feet is resorted to; and, if an attempt to make version by the vertex should fail, without giving our patient any more pain, our hand being in the vagina, our fingers in the mouth of the uterus, we can most easily, if the case admit of it, pass our hand upwards, grasp the feet, and bring them down.

Remarkable Case of Obesity in a Child.

By W. S. COCHRAN, M.D.

Editor of the Medical Examiner:

The subject of this notice residing within a few miles of the village of Darlington, Beaver Co., Pa., is a boy, not three years old till July. The child's mother, together with some others of the family, showed a disposition to corpulency during the first year of their lives, but as soon as they began to walk they became reduced to an ordinary size; hence, in some degree, it might be said to be hereditary in this case. There was nothing remarkable about this child at birth, nor did it show a disposition to "grow fat" till about the seventh month, since which time he has been the wonder not only of the immediate neighborhood, but has attracted visitors from a considerable distance.

The following measurements were taken with the tape applied to the skin, so that they exhibit the *naked fact*:—Measured around the chest 36 inches; abdomen 40; upper part of arm 10; wrist 7; upper part of thigh 26; ankle 12; height 3 feet; weight 98 lbs. He has gained six pounds during the last seven weeks. His head is proportioned to the rest of his body.

With a view to prevent this excessive adipose secretion, he has been confined to a light diet, never using meat, rarely milk, bread and coffee being the articles chiefly relied upon. His intellectual development is fair, about what we would expect from a child of his age who had been considerably among strangers. It is hardly necessary to say that he enjoys the best of health. The case is exceeded by a few on record, yet it is certainly an astonishing example of polysarcia, and one which—if he lives and increase proportionately—will rival the celebrated Lambert.

Darlington, Beaver Co., Pa.

Report upon Vaccination in the Royal Prussian Army. By Dr. Schilling, Royal Brigade Physician in Aschersleben.

(Translated for the Medical Examiner.)

Universally acknowledged and introduced, vaccination within fifty years has spread itself over the whole surface of the globe, and rendered complete by observation and experiment, has stripped the horrible plague, small pox, of its form of terror; and our only cause of regret is, that we are not in possession of similar protective weapons to oppose the other pestilential enemies of our race.

Those peculiarities of mind, closely allied to each other, that on the one hand prompt many to believe greedily in things the most marvellous and contradictory to their senses, as table moving, spirit rappings, clairvoyance, &c.; and on the other, cause some, like Schöpfer, in his proof of the static condition of the earth, to deny and treat as old delusions, facts that have been obtained by toilsome investigation and are recognized as established truths, and are among the characteristics of our age. Thus, not only are the beneficent results of this discovery now placed in question, but vaccination is even arraigned before the tribunal charged with the greatest crimes, namely, of having for fifty years been engaged in poisoning the population of the world.

It is not, of course, my intention to answer these charges, nor to undertake to prove that cholera, typhus, scrofula, scarlatina, croup, hydrocephalus, tuberculosis and its kindred evils, by whatever name they may be called, have not entered upon the stage of human misery, in consequence of the repeated inoculation of the variolous poison; that would be a work of supererogation. Besides, wherever justice rules, the custom is well established, that the prosecutor cannot merely accuse and leave to the defendant the task of proving his innocence, but the accuser must furnish the proof of his assertion. My purpose is simply to furnish a statistical contribution to the vaccination question that has of late repeatedly become a subject of debate. It is my object to prove the protective power of re-vaccination by the statistics of a military district in my neighborhood, embracing a period of 20 years, and of 859,880 re-vaccinations. Whether we view re-vaccination as merely rendering previous vaccination complete, or

as proving the entire absence of the same, is a matter of indifference.

By the Supreme Cabinet order, dated June 30th, 1826, it was ordered that all persons in the military service should be vaccinated, who had not previously been vaccinated, or who did not bear upon themselves perceptible marks therefrom. Eight years later, doubtless from the observations made regarding the loss of the protective power from the lapse of years, the Supreme Cabinet orders of June 16th, 1834, commanded the re-vaccination of all troops, without distinction, upon their enlistment, whether they bore marks of vaccination or not. Those persons only were excepted who already showed the unmistakeable scars of small pox. In section 4 of the circular of the Minister of War, it was ordered that the lymph should be obtained from youthful subjects vaccinated for the first time. By a circular from the chief of the military medical department, dated May 12th, 1837, it was made known that according to the results of numerous experiments made with lymph obtained from adult cases of genuine cow pox, re-vaccination quite as often gave rise to beautiful and regular pustules, running their usual course, possessing true protective powers, and with even a more lively reaction than usual.

In accordance with the above regulations, for a long series of years, all the troops enlisted were re-vaccinated by the military physicians, as soon after their assumption of the uniform as possible, with the single exception of those bearing positive signs of a previous attack of small pox. From the complete report of the physicians-in-chief of the different portions of the army, the following tables were constructed under the title of "The results of re-vaccination in the Army." Owing to the number of physicians (at least 300, including assistant physicians,) who took part in the inoculating and in watching the results of the same, all discrepancies and errors were removed, regarding the existence of the scars of prior vaccination, and of the regularity or irregularity of the course of the new vaccination. I now give the results of re-vaccination in the army from the years 1833 to 1852, both inclusive.

Results of Revaccination in the Army.

1	2	3			4			5		6				7			8
Year.	Number of Vaccinated.	Scars showing previous vaccination.			Of the new vaccination, the course was as follows:			Of those without result, were repeated:		Number of genuine pustules obtained by the vaccination.				Statement of the number of successful cases of revaccination that were attended with variolous diseases.			Out of 100, true pustules appeared in
		a. Decided.	b. Uncertain.	c. None.	a. Regular	b. Irregular.	c. No result.	a. With success.	b. Without success.	a. 1–5	b. 6–10	c. 11–20	d. 21–30	a. Varicella.	b. Varioloid.	c. Genuine variola.	
1833	48,478	37,286	7,641	3,551	15,269	12,203	21,006	784	3,377	6,586	4,854	3,217	612	54	50	20	over 33
1834	44,454	33,634	7,134	3,686	16,679	12,287	15,488	866	3,664	6,763	5,028	4,088	800	46	31	2	" 39
1835	39,192	30,242	6,233	2,717	15,315	10,135	13,742	1,465	7,946	6,298	4,990	3,417	610	21	14	1	almost 43
1836	42,124	32,635	6,645	2,844	18,136	9,940	14,048	1,569	8,205	7,311	5,647	4,418	760	14	8	—	over 46
1837	47,258	37,299	6,903	3,056	21,308	10,557	15,393	2,213	9,771	9,174	6,414	4,767	953	14	7	—	" 40
1838	42,041	33,819	5,645	2,577	19,117	8,672	14,252	2,306	10,424	8,787	5,581	4,056	693	19	10	2	almost 51
1839	41,481	33,225	5,889	2,367	19,249	8,534	13,698	2,105	7,886	8,762	5,650	4,095	742	18	7	—	over 51
1840	43,522	34,573	6,177	2,772	20,952	8,820	13,750	2,831	8,958	10,021	5,875	4,171	885	7	2	1	" 54
1841	44,941	36,182	6,192	2,567	23,383	8,035	13,523	2,254	9,468	11,174	6,516	4,838	855	1	8	—	" 57
1842	42,582	33,185	6,751	2,646	21,865	8,056	12,661	2,029	9,536	10,697	6,223	4,200	745	9	4	—	" 58
1843	42,998	34,390	6,258	2,350	22,062	8,613	12,323	2,439	9,671	10,568	6,426	4,392	676	11	8	4	almost 57
1844	40,661	32,779	5,463	2,419	21,038	7,945	11,678	2,278	9,712	11,571	6,619	4,417	709	5	8	1	over 57
1845	42,671	33,813	6,041	2,817	22,214	8,764	11,693	2,749	9,974	12,208	6,944	4,917	894	2	3	—	" 58
1846	44,012	34,708	6,453	2,851	24,138	7,991	11,883	2,534	9,855	13,213	7,510	5,081	868	4	—	—	" 60
1847	43,596	34,264	6,405	2,927	25,544	7,425	10,627	2,718	8,952	13,295	8,164	5,767	1,036	—	1	—	almost 65
1848	28,859	22,386	4,211	2,262	16,882	4,404	7,573	1,579	5,786	9,161	5,134	3,513	653	6	1	—	" 64
1849	51,637	39,116	8,706	3,815	30,457	8,467	12,713	2,862	9,194	16,018	9,621	6,617	1,063	5	9	1	64
1850	44,539	33,466	7,053	4,040	25,030	7,509	12,000	2,355	8,766	12,461	7,964	6,092	868	10	22	—	61
1851	57,059	42,203	9,935	4,921	33,444	9,857	13,758	3,338	10,354	16,203	11,296	8,196	1,087	20	41	—	64
1852	27,775	21,195	4,242	2,338	17,782	3,920	6,073	1,468	4,639	8,413	5,967	4,304	564	5	7	—	69

This summary shows the total number of vaccinations during 20 years to have been 859,880) (1st column.) Among these, 429,864 yielded successful cases, regular in their course, (column 4, a.) Those remaining without result, but re-vaccinated afterwards, successfully, amounted to 43,770, (column 5, a.) So that in all, 473,634 cases of genuine and regular vaccination were produced.

Of those successfully re-vaccinated during 20 years, 545 were attacked with (column 7)

Varicella,	271	Column 7, a.
Varioloid,	241	" 7, b.
Variola,	33	" 7, c.

The year 1833 is strikingly remarkable as being by far the most unfavorable in its protective results. It would have been better to have omitted the first year, and only cited the last 19 years, if I had only wished to produce the proofs of a statement, and not, at the same time, to make the utmost use of the whole of the materials at my command. But I must remember that this universal vaccination, without regard to whether it had been previously done or not, only commenced with the year 1834. A proper estimation of re-vaccination as it now exists in the army, can, in fact, therefore be obtained by taking into account the last 19 years only.

In these 19 years, the number vaccinated upon their entrance into the army was 811,402, (column 1.) The first vaccination was successful with 414,595, (column 4, a.) Those unsuccessful at first, but successfully re-vaccinated, were 42,986, (column 5, a.) The vaccination, therefore, took effect in a regular manner with 457,581. Of those successfully re-vaccinated during 19 years, 421 were attacked in 19 years

With	Varicella,	217.
	Varioloid,	191.
	Variola,	13.

Of these 457,581 soldiers successfully vaccinated during 19 years, 4 have died of variola.

This result is indeed astonishingly favorable, for variolous diseases still exist and appear in all times and all places in our State, notwithstanding that compulsory vaccination and the extinction of prejudice have diminished from year to year the number of those who have avoided vaccination. An immunity from the

contagion of variolous diseases exists neither in age, sex, race nor constitution. The rate of mortality of the different epidemics, it is true, is very different, sometimes rising to 60 or 70 per cent., sometimes sinking to 15 per cent. of those attacked. The average mortality may be stated as about 30 per cent. The Prussian army, however, represents the male portion of the population of the State in the bloom and manly vigor of their age, dwelling in all parts of the country. They live distributed among the rest of the population, in part sharing the house with the citizen, therefore in the most favorable position for infection, and, in part, crowded together in barracks, therefore in a state best adapted to the further distribution of the disease. It has never failed to contribute its share to the increase of other epidemic diseases, when they have appeared; for instance, to typhus and cholera. With reference to the liability to variolous diseases, I here give the not inconsiderable number of cases in the whole army, without regard as to the result of the vaccination. In the whole army there were attacked with variolous diseases,

A. Year.	B. Attacked	C. Died.	Of the number revaccinated. D. With success.	E. Without success.	F. No result.
1834	619	38	2	6	30
1835	259	5	—	2	3
1836	130	9	?	?	?
1837	94	3	—	—	3
1838	111	7	—	2	5
1839	89	2	—	—	2
1840	74	2	—	—	2
1841	59	3	—	1	2
1842	99	2	—	1	1
1843	167	3	1	2	—
1844	69	3	1	2	—
1845	30	1	—	1 ?	—
1846	30	1	—	1	—
1847	5	—	—	—	—
1848	22	1	—	1	—
1849	62	1	—	—	1
1850	176	1	—	—	1
1851	246	3	—	2	1
1852	87	1	—	1	—
Total	2428	86	4 ?	22 ?	51 ?
Or, if we distribute the 9 who died in 1836 between the columns E and F					
The total would be	2428	86	4	25	57

NOTE.—Of these 86 that have died, at least 5 had had natural small pox, and on that account were not vaccinated, (in the early years no statement thereof was made,) while during the same time only 4 died who were successfully re-vaccinated.

There can be no other means of explaining this small mortality from variolous diseases in the army except by re-vaccination, whose action, as the figures in the above columns show, is expressed in a two-fold manner. 1st, that it reduces to a minimum the number of those attacked by the disease, so far as the re-vaccination was successful; and 2d, that it deprives the disease in those who were attacked of its prognosis, otherwise so unfavorable.

These results confirm what has already been shown by experience, viz., that vaccinia exerts its protective effect especially towards variola, and in a much less degree towards varioloid and varicella. It must be borne in mind, however, that whilst the mortality in variola is 30 per cent. and in varioloid 10 to 15 per cent., that during 19 years, out of 2428 cases that occurred in spite of successful re-vaccination, the mortality was only 86; showing, at least, a most decided mitigating influence produced by vaccination upon the course of the varieties of variolous diseases.

One of the most important questions in the thema of vaccination has been at all times, and more especially at present, the duration of the productive power of vaccinia. Periods, the most variable and arbitrarily assumed, have been given as the maximum of its duration. Upon this point, however, the tables thus obtained can give no positive conclusions, since by far the larger part of our army (that is with only the exception of the "*chargirten,*") is completely renewed in three years, at furthest. Positive results can, therefore, only be obtained from these figures with regard to the continuation of the protective power for the space of three years.

The results given in the last column are, however, most striking. It shows an almost uninterruptedly progressive increase from year to year of the protective vaccinia obtained by vaccination, so that the per centage of successful vaccination, out of the total number of vaccinations during 20 years, has increased from 33 per cent. to 69 per cent., or in 19 years, from 39 to

69 per cent., an annual increase of from 1 4-5th to 1½ per cent. respectively.

In my opinion there can be but two methods of explaining this phenomenon; either the method of vaccination must have been improved, or the sensitiveness of the present generation to the vaccine virus must have increased. To the first explanation, the following thoughts naturally oppose themselves, viz., that the act of the inoculation itself and the observation of its results, are so extremely simple, that although *two* physicians may form widely different deductions therefrom, yet it is impossible for any *three hundred* physicians to obtain results essentially different from those obtained by any other three hundred. I know further from my own personal observation and practice in our army for the last 10 years, that the mode of vaccination has been for that period precisely the same as it is at this day. The rate of increase, however, in the number of successful results, was the same in those 10 years previous with which I had no personal acquintance, as it was in the time that *has* come under my actual notice; I do not think I risk anything in stating, therefore, that the method of vaccination did not exert any influence upon the results obtained.

This leaves us only the supposition of an increased susceptibility in this generation to the vaccine influence.

Increased susceptibility in re-vaccination will appear to many persons as identical with increased liability to the infection of small pox, and may lead to erroneous conclusions, for it is often considered as certainly established that a successful vaccination was a proof of previous susceptibility to the influence of the variola infection, while, on the contrary, those particularly that have been carefully repeated without success, are looked upon as evidences of a want of susceptibility of the individual to the small pox contagion.

If the above views are correct, the protective results of vaccination in the *whole* army, taken together, would be the same as it was in those where successful results appeared, that is out of the whole number who were vaccinated on entering the army, (811,402 individuals,) the proportionate number, viz., 7⅛ persons, would have died, 4 only having died out of 457,581, successfully re-vaccinated.

The columns D. and E. of the tables show that out of the total number of persons who were vaccinated, 29 died, 811,402—457,581=353,821 that were vaccinated without success, out of whom 24 died of variolous disease. A positive proof that *successful* re-vaccination affords the only actual, and, for a certain time, *absolute* protection.—*Vierteljahrsschrift für gericht. und öffent. Medecin. Oct.* 1854.

BIBLIOGRAPHICAL NOTICES.

Surgical Reports and Miscellaneous Papers on Medical Subjects. By GEORGE HAYWARD, M.D., President of the Massachusetts Medical Society; Fellow of the American Academy of the Arts and Sciences; late Professor of Surgery in Harvard University, and Consulting Surgeon to the Massachusetts General Hospital. Boston: Phillips, Sampson & Co. 1855. 12mo., pp. 452, including index.

We doubt not that the "Reports" and "Papers" embodied in the above neat and unpretending volume will meet with a general and hearty welcome. Our readers will recognize the most of them as old and valued acquaintances, well known to the profession through the pages of the American Journal of the Medical Sciences, and other sources, in which they first appeared. Their previous reputation would secure to them a favorable reception which the present improved and convenient form will render doubly certain; but the high standing of their veteran and able author as one of the first of the surgeons of New England, clear-headed, learned and accomplished in practice and teaching, must add unusual interest to these mementoes of his long and very active career. He has earned the thanks of his brethren in carefully arranging and extending his various essays so as to bring them permanently within the reach of every one; and we hope that the example which, in common with his former colleague Dr. Bigelow, he has thus presented, will lead to similar efforts on the part of some of his associates, as well as others equally esteemed and distinguished in different parts of our country.

Dr. Hayward's contributions, as he reminds us, are the results of more than forty years' experience, and are offered in a collected form "from a belief that some of them would be useful from the facts and tables they contain, and in the hope that all might be read with advantage by students and the younger members of the profession." He further very modestly suggests that they might "be occasionally consulted by those somewhat advanced in practice, whose time was too much occupied to allow an examination of more extended works on the subjects of which they treat." The original importance of several of them is materially enhanced, not only by the revision to which all have been subjected, but by the addition of new cases, statistics and other matter, which give them the aspect and freshness of entirely new articles.

We find in the first eighty pages a useful series of clinical reports and considerations on surgery and operations in the Massachusetts General Hospital. Many practical hints of value may be derived from the study of the cases touched upon in these reports, while still more may be gathered from the discussion of certain mooted questions, which are presented here and there with considerable effect. Some of these latter are sufficiently recent and important to justify a special comment were the space allowed us; but we are obliged to pass at once to the next subject of examination. This is presented in a "Report on the Permanent Cure of Reducible Hernia," submitted to the American Medical Association at Richmond, in 1852. The conclusions of this paper may be regarded as in accordance with the views of the great body of the profession on both sides of the Atlantic. They agree so fully with the doctrine which we have repeatedly maintained, that we are tempted to extract them here:

"1. That there is no surgical operation at present known which can be relied on, with confidence, to produce, in all instances, or even in a large proportion of cases, a radical cure of hernia."

"2. That they regard the operation of injection by the subcutaneous method as the safest and the best. This will probably, in some cases, produce a radical cure, and, in many others, will afford great relief."

"3. That compression, when properly employed, is, in the present state of our knowledge, the most likely means of effecting a radical cure in the greatest number of cases." pp. 116—117.

We have met with so many undoubted and unequivocal cures of hernia, produced by the action of a truss alone, that we are satisfied of the entire truth and force of the third conclusion.

Next we have several chapters in succession occupied with different subjects, some of them interesting to the general reader, and all attractive to the professional student. Among them are the well known "Statistics of Amputations," now brought up to 1850; "Cases of Vesico-Vaginal Fistula," of which eight cases, with the accompanying and concluding remarks, are new, and of recent date; a chapter on anæsthetic agents, in which we rejoice to learn that he continues his preference for sulphuric ether and his positive objection to chloroform, chloric ether and other similar mixtures; a chapter on the "Statistics of Consumption;" one on "Legalizing Anatomy;" another on the "Contagion of Cholera;" a "Case of Hydrophobia;" a "Case of Paruria Inops;" also chapters on other subjects which we need not name, but which we would heartily commend to the perusal of our readers, for their especial gratification as well as practical improvement.

It would afford us sincere pleasure, had we room for it, to dwell upon many portions which have struck us as particularly deserving of attention in these instructive essays. We leave them with regret, on account of their varied intrinsic merits; but still more, we confess, because of our personal regard and respect for their worthy author. He is one whose teachings and example we are hardly yet prepared to look upon as among the lights that are destined henceforth to shine only in the past. We earnestly trust that there is yet awaiting him a brighter and busier future in the highest labors of his calling; and that we may all live to enjoy the fruits of his unabated industry in the further record of studies and experience which, at the close of half a century, are still in the vigor of their years.

A Practical Treatise on the Diseases Peculiar to Women; Illustrated by Cases derived from Hospital and Private Practice. Third American, from the Third London Edition. By SAMUEL ASHWELL, Obstetric Physician and Lecturer to Guy's Hospital, London. Blanchard & Lea.

Dr. Ashwell, in the Preface to his first edition, informs us that for the last twenty years his attention has been particularly directed to the important branch of medical science treated of in this excellent work; during a great part of which period Guy's Hospital, with its extensive lying-in Charity, and a large private practice in female diseases, have afforded him, as he himself candidly admits, "opportunities falling to the lot of few practitioners."

At the same time that he modestly disclaims any exclusive or undue deference on that account, for the opinions expressed and the practice recommended in the work, the author trusts that the conscientious watchfulness with which he has endeavored to use the opportunities and materials so abundantly bestowed on him, will secure for his labors the approval and confidence of his professional contemporaries.

In truth, the ability of this work must command the respect of the whole profession. Its unaffected simplicity, descriptive clearness, and sound practical doctrines, without a tinge of hobbyism, (the rarest virtue in our modern medical literature,) place it, as a practical treatise on female diseases, far in advance of any other with which we are acquainted in the English language.

To a reviewer, watching for an opportunity to display his critical acumen, Dr. Ashwell's perfect knowledge of his subject, backed by his sound discriminating sense and unaffected style, is somewhat baffling. He may differ with his author on some always debateable points which never have been and probably never will be settled, but to find fault would be hypercritical and even presumptuous.

Thus impressed, we shall endeavor, as far as our limited space permits, to give our readers some idea of the merits of his book, although we feel that we cannot, by our necessarily cursory analysis, convey more than a very faint conception of its importance and usefulness.

Dr. Ashwell arranges the diseases of women in two divisions: in the first he places the functional, and in the second the organic sexual diseases.

The functional diseases treated of are, chlorosis, amenorrhœa, dismenorrhœa, menorrhagia, leucorrhœa, and hysteria with irritable uterus. These subjects of course include the different complications, together with the disorders attendant on the natural cessation of menstruation; each disease and each complication is illustrated by cases, minutely described, together with the detail of treatment and the results; where death occurred, the post-mortem investigations are carefully and clearly given. In addition to all this, it may be mentioned that a useful collection of formulæ of all the remedies employed is included; thus giving to the younger members of the profession what they most require, viz: the minutiæ of the practice as well as the general experience of an able and conscientious physician, who has seen and studied by the bedside what he describes, and practices what he teaches.

It is somewhat trite to repeat the established truth, that a good practitioner cannot be made by books alone, but we are satisfied that all that any one man can do, towards instructing and guiding his less experienced, less gifted, or less fortunate professional brethren in the diagnosis and treatment of female diseases, has been accomplished by Dr. Ashwell in the treatise before us.

Our author's definition of chlorosis is as follows:

"A peculiar affection of the general health, in which debility, languor, and deranged stomachic functions are prominent symptoms; most frequently occurring when puberty is, or ought to be established, although it may exist at any subsequent period; always characterized by anæmia of the system, and a yellowish, dirty green pallor of the surface. When a disease of early youth, almost invariably connected either with entire absence of menstruation, or with a scanty, painful, and irregular performance of the function; and if a disease of later life, in addition to these causes it may have been preceded and produced by menorrhagia or leucorrhœa."

Chlorosis is properly divided into mild or incipient, inveterate or confirmed, and a complicated disease.

The mild form is clearly and graphically described; such a patient, says Dr. A.,

"Is languid, soon fatigued, and therefore inactive; she is not cheerful, but dull and listless; sometimes perverse and sullen, and prone to

solitude. Her appetite is capricious; it either fails altogether or she craves for unwholesome food. Her complexion is altered; though always pale, it is now much more so; the bowels are constipated; the tongue is of a dirty paste white; the breath is offensive; she suffers from flatulence; the slightest exertion fatigues and induces short breathing; frequent, severe and peculiar headaches; palpitation of the heart and pain in the side are common occurrences; the pulse is quick, weak and compressible, and sometimes fluttering. The catamenia, if not absolutely delayed, have scarcely appeared, the discharge being pale in color and scanty in quantity."

Confirmed or inveterate chlorosis is of course but an aggravation of the same series and conditions, with other violent and alarming sympathetic affections, such as hysteria, with cerebral, pulmonary or abdominal difficulties, so that a careless or uninstructed observer might be blinded to the original affection, and suppose that his business consisted in combating an organic disease of the brain, lungs, liver or heart.

All the complications which the author's opportunities have enabled him to observe in chlorotic patients are described and illustrated by cases.

We give the following interesting case of cerebral complication as a specimen of the thorough and careful manner in which Dr. A. places the practical part of the work before his readers:

"Emily ———, aged 17, a tall, thin girl, of florid complexion and of intelligent appearance, was admitted Feb. 5th, 1836. She has always been weakly, and for the last four or five years, has been subject to chest affections, from which she has been free since the existence of her present malady. Two years ago she had phrenitis, and has since been in imperfect health, being often seized with aggravated fits of hysteria, so that she falls and remains insensible and motionless for hours together. She is now deaf, and has since had otorrhœa, but its presence was attributable to an accidental injury of the meatus externus. She has intense headache, chiefly affecting the occiput. The cephalalgia was unusually severe in December 1835, and soon afterwards her right foot and hand were frequently in agitation. A month subsequently she lost all control over them, but since this time there has been no aggravation of the pain. Ten days ago she was delirious, and remained so for a few hours. Menstruation has been only once regular and natural. Her present symptoms are,—dulness, almost imbecility of intellect; constant and rather acute occipital pain; frequent but not very violent agitation of the right side, with occasional spasms of the left; little or no affection of the face; no difficulty of articulation. Bowels open by purgative medicine; skin soft and moist.

℞. Pulv. scam. c. cal. grs. xv. statim.
℞. Ferri sub-carb. ʒj, quartâ quâque horâ.

To take half a pint of porter daily, and use the flesh brush.

This treatment was pursued for a fortnight with advantage, and the daily reports exhibit progressive amendment; the agitation is decreased and the pain in the head diminished.

R. Zinci sulph. grs. ij. ter die. Balneum pluviale omni aurora.

Feb. 22d. The agitation is much less, and she has recovered considerable power of the left hand, but not so much of the leg. Bowels open; tongue clean.

25th. The agitation has somewhat increased, and she complains of pain in the affected arm and leg.

Augeatur dosis zinci. sulph. ad gr. iv. ter die.

She continued to improve until March 11, when the nurse reported that she had a fit during the night, in which she appeared to have lost the power over her limbs, and the legs were somewhat contracted; the hands were placed over the occiput, where she appeared to suffer pain. She is now rather confused; pupils dilated, though obedient to light. There is some involuntary movement principally confined to the left side. Bowels well opened yesterday; pulse small and soft.

Radatur caput lotio frigida constanter applicand: zinci. sulph. gr. iv. ter die.

March 16. Had another fit this morning, but much less severe than before. Pulse quick; pain in the head not increased.

22. Has had no return of the fits, and appears much improved. The involuntary twitchings are comparatively slight. She is more collected and can articulate clearly. Bowels open; pulse quiet; still deaf; her strength is so increased that this morning she was able to walk twelve or fourteen yards.

R. Infus rosæ. cum quin. sulph. gr. ii. ter die. Pil rhei. comp. gr. x. p. r. n.

She remained in the hospital till April 21, when she was presented quite well. During this time she gradually regained her strength, losing all symptoms of chorea. The general health was confirmed; her appetite returned; the catamenia appeared though scantily, and her countenance assumed its natural aspect. Her intellect is still somewhat impaired, but the head is free from the occipital pain, and there is no symptom of structural change."

This requires no comment. It attests the extreme severity of the cerebral affection, and its symptoms are so precisely identical with those of organic disease as fully to demonstrate the impossibility of making a certain diagnosis, while, at the same time, it teaches us to be careful of our prognosis.

All the organic affections of the womb are given at length, various modes of treatment fully discussed, and all the subjects admirably illustrated by examples. We have not the space that would be required, even to name all these diseases, therefore we shall not do them the injustice of attempting an analysis.

Occlusion of the uterus, or total absence of an os tincæ, is an accident of so much interest to obstetricians, that we cannot resist the inclination to make some selections from the author's treatise on the subject.

"Happily, entire closure, and such extreme rigidity of the os as to preclude the birth of a child, if help be not afforded, without more or less extensive laceration, are rare. Still two such examples—the one of closure—the other of rigidity—where incision was successfully performed have fallen under my own observation within a short time; and I have already alluded to not a few occurring in the practice of others."

Dr. Ashwell thinks that when the uterus is imperforate, or when the os, though existing, is so rigid as to resist, after hours of strong uterine action, the dilating process, incision is the safest remedy, far preferable, he says, to protracted dilatation of the os by the finger; or, on the principle of non-interference, to leaving the case to the natural efforts.

"It is well known," [says our author,] "that normally, this orifice is sometimes very small; at others, instead of a transverse chink—its most usual form—there is merely a diminutive circular aperture. In either of these conditions of the orifice, complete obliteration may easily be produced by an amount of local inflammation following conception, which would not seriously interfere either with the pregnancy or the health of the individual. It is important, however, to bear in mind, that such closure may not be attended by any other disease of the parts; the adhesion may be firm and complete; but there may be no scirrhous induration, no distinct nodule of hard substance; the neck of the uterus will be forced down by the pains; and the sensation imparted to the finger, on examination during labor, will be quite natural, excepting only that no aperture will be found."

Again, he says:

"It will be urged as extremely improbable that there should be no os uteri; that there is one, perhaps, but that owing to obliquity, it is very high up posteriorly; and that being thus unnaturally situated, twenty-four, thirty-six, or forty-eight hours, or even a longer period, will be required for its development and dilatation."

Dr. Ashwell very justly attributes many of the recorded fatal cases to an unwarranted delay in performing the operation, and truly states, that every hour of urgent uterine action tends to rectify obliquity, if such be the cause of an undiscovered os uteri. If the pains, he says, "are really powerful and protracted, for ten or twelve hours, the os uteri being still undiscovered, it may fairly be assumed that it is wanting."

The writer, of course, admits that in some cases bleeding and tartar emetic will produce the desired relaxation, but he contends that when we are certain that occlusion exists, and the fact of its existence is sometimes beyond the possibility of doubt, to delay the operation will only bring on exhaustion and add considerably to the chances of an unfavorable result. From the foregoing it must not be supposed that it is advised to incise the lower segment of the womb without great caution and a perfect conviction of its necessity; on the contrary, the writer insists upon careful investigation, and likewise on the propriety of previous consultation; laceration will take place, he says, to a certain extent, but seldom beyond the lower segment of the organ included within the reflection of the vaginal mucous membrane; whereas, if the case be left to nature, violent contractions must lead to rupture, involving, in all probability, the cavity of the peritoneum, a fatal accident, or the suffering and exhausted woman will sink from inflammation and gangrene.

The work, of course, includes a long article on ovarian diseases; limited space obliges us to be brief, but the subject has of late acquired a refreshed interest by the endeavors of certain European surgeons to legitimatize the frightful operation of excising these organs when in a morbid condition. We have neither the time nor the inclination at present to undertake a discussion on this unpleasant subject, but by a few quotations, will merely show our author's opinion and feelings respecting the operation.

Thus, speaking of dropsy, he says:

"If the operation is to come into established practice, of which I have the strongest doubt, it must be confined to examples of the malady where tapping has already been so often employed as to preclude, from experience of similar cases, any idea that it can be dispensed with; and where we are confident that great suffering must lead to early death. Perhaps this may be regarded as too limited a view of the value of extirpation, but it is, I think, the correct one."

He further adds:

"The extirpation, we are assured by the operators themselves, in a fit case, is far from difficult—would it were more so, for then it would not be so readily undertaken. If it required as much surgical knowledge and skill to make these large and brilliant abdominal incisions, as to tie the subclavian artery, or to perform a trying operation of lithotomy, the lives of many women would have been already spared, and fewer would be sacrificed for the future."

We are glad to find that the opinion of this most respectable authority so perfectly coincides with that of the profession in this country.

Displacement of the uterus, and likewise diseases of the external organs of generation, are treated in the same thorough and satisfactory manner which distinguishes the author's writing.

We must here stop; it has not been our purpose to give an analysis of the very varied contents of the book, which touches more or less fully on everything interesting connected with the subject. This within our scanty limits would be impossible. If the few specimens given shall induce the reader to examine the work for himself, (and as a reference it is invaluable,) we can assure him that he will not regret it.

The Pathology and Treatment of Leucorrhœa. By TYLER SMITH, M.D., &c. Philada., Blanchard & Lea, 1855.

The obscurity and confusion which encumbered the pathology of Leucorrhœa, one of the consequences of which was a very frequent and often unnecessary resort to the use of the speculum by some members of the profession, and its almost entire repudiation by others, induced our author, whose previous researches well fitted him for such a task, to make a thorough microscopical examination of the discharges attending the various diseases of the female sexual organs, as well as of the parts involved in their production. The result of his labors is before us in a work which we can safely commend to the profession as one of sterling value, and which cannot fail to prove both interesting and instructive to every one who desires to understand the true pathology of the various diseases of the womb and its appendages.

The first chapter, after stating the author's reasons for adhering to the term "leucorrhœa," treats of the minute anatomy of the vagina, of the os uteri and the vaginal portion of the os and cervix uteri. The tesselated layer of epithelium, and more particularly the villi beneath the basement membrane, are most accurately described. The very beautiful plates which illustrate the text, for the drawings of which the author expresses his obligations to Dr. Hassall, are of great use in enabling the reader to comprehend his verbal descriptions. The following

remarks, containing the author's views upon the functions of the villi in the different situations in which they present themselves, are interesting.

"It becomes a question of much interest to decide what are really the functions performed by the villi of the vagina and the os and cervix uteri. In the lower part of the vagina, the papillæ are no doubt sensitive in function, and deserve the term applied to them by Dr. F. Kilian; but in the upper part of the vagina, the mucous surface is, in the healthy condition, possessed of little sensibility either to pleasure or pain; yet the papillæ or villi are very abundant. The villi are present in very great abundance upon the os uteri and the external portion of the cervix; though the os uteri is, in the majority of cases, insensible to the touch. It is only when the os or cervix uteri is distended by instruments, or when the cervical canal is inflamed or constricted, that pain is caused in ordinary cases. The villi are largest and more highly developed within the os uteri, where sensation is more blunted than in any part of the vagina or os uteri. For these reasons, I am inclined to believe that the villi of the os and cervix uteri, particularly the villi of the cervical canal, are little concerned in sensation. From the liberal supply of blood possessed by the villi, I suspect they are concerned in the secretion of the fluid plasma which the external portion of the os and cervix and the upper part of the vagina pour out, and which forms the vehicle in which the epithelial *débris* is suspended; or they may be intended for the formation of the thick layer of epithelium covering these parts, and which is in constant process of renewal and disintegration."

The second chapter treats of the glandular structures of the canal of the cervix uteri. Great importance is attached by the author to the follicular condition of the canal which, from the peculiar disposal of its mucous membrane, affords a very large extent of glandular surface for the purposes of secretion. "The villi found in the upper portion of the cervix are covered by dentated epithelium, just as is the case with the villi of the lowest part of the cervix." The epithelium of the os uteri and external portion of the cervix is, on the contrary, like that of the vagina, constantly squamous; the transition from squamous to dentated epithelium, it is stated, occurs just at the margin of the os uteri.

In the third chapter the healthy secretions of the vagina and of the os and cervix uteri are thoroughly described. The mucus of the ostium vaginæ, secreted by the glands of Duverney, like all the other vaginal secretions, are acid in their reaction. During sexual excitement a profuse emission of this fluid takes place in some women. In the absence of excitement the secretion is in-

considerable. The importance of these glands upon the production of leucorrhœa, has, Dr. Smith thinks, been much over-estimated.

The vaginal mucus is a milky fluid, secreted in quantities sufficient only to lubricate the mucous surface; after remaining upon the vaginal surface a short time it becomes curdled, owing to its acid nature. Spermatozoa preserve their vitality for some time in this normal acid mucus, but are soon destroyed when the acid is in excess from any cause. The secretion from the labia uteri, on the contrary, is always alkaline. These different chemical conditions are considered to be of great importance in explaining many circumstances connected with the discharges in leucorrhœa.

In the unimpregnated state, the canal of the cervix is full of its peculiar secretion; this is washed away, at every period, by the menstrual fluid, to form again when the catamenia have ceased. It is less thick and viscid when first secreted, than it afterwards becomes. The mucous follicles become comparatively inactive after they have thrown off a sufficient quantity of mucus to fill the canal, until the next menstrual flow removes it, when they again become active. "The function of the cervix is, therefore, in a certain sense, like that of the fundus, periodical;" and this periodicity is seen in the diseased conditions of the cervix and its secretions. The mucus secreted consists of mucus corpuscles entangled in a very tenacious transparent plasma. Its use is two-fold; it defends the cavity of the uterus from external agencies, and affords a medium for the passage of the spermatozoa into the uterine cavity.

During pregnancy the plug of viscid mucus continues until the commencement of labor. The chief changes occurring in it are due to the alterations taking place in the cervix; it is firmer than the mucus filling the cervix in the unimpregnated state, particularly at its lowest part, where it is opaque and white. In the upper part of the cervix it is clear and transparent, and of an alkaline reaction. The author thinks that the opaque and white mucous secretion rarely exists except during pregnancy, and gives several cases where its presence was of service in confirming an otherwise doubtful diagnosis. During lactation there is a marked tendency to increased secretion of mucus from the glands of the

cervical canal, which sometimes lays the foundation of chronic leucorrhœa.

The fourth chapter contains a full description of the two principal forms of leucorrhœa; the mucous variety, consisting chiefly of mucus-corpuscles and plasma, and secreted by the follicles of the cervical canal; and the epithelial variety, secreted by the vaginal portion of the os and cervix, and consisting of scaly epithelium and its debris. Our space not allowing us to make such extracts from this chapter as we could wish, we must refer our readers to the work itself for information upon the subject.

The fifth chapter on the sequelæ of leucorrhœa is an exceedingly interesting one. The author believes that in the majority of cases in which disease of the os and cervix is present, cervical leucorrhœa is the essential part of the disorder, and that the diseased conditions of the lower segment of the uterus are frequently secondary affections, the result of the augmented secretion. "Every thing," he remarks "has been made to bend to the hypothesis which sets forth inflammation as the keystone of uterine disorder. Laborious disquisitions have been entered into respecting the vascularity of the os and cervix, the existence or non-existence of a mucous membrane in this situation, and the absence or presence of cellular tissue in the substance of the cervix uteri, as conditions which have been supposed necessary to the establishment of the theory of inflammation. I believe the truth, however, to be, that this part of the generative system is the seat of frequent disorder, chiefly from the circumstance that it is the boundary at which cutaneous tissue ends and mucous tissue begins. The vagina must be considered as an internal prolongation of the skin, and it is only at the labia uteri that the true mucous membrane really commences."

The remaining chapters of the work discuss the relations of leucorrhœa to secondary syphilis; to gonorrhœa in the female; urethritis in the male; to the ophthalmia of new-born infants; to disorders of the function of menstruation, and to sterility and abortion. A chapter upon the constitutional and local causes of leucorrhœa, followed by one upon its treatment, completes the work.

We are aware that Dr. Smith's work deserves a much longer

and more elaborate notice than our limits have obliged us to give of it. Even the inadequate sketch we have attempted, however, must show what an amount of light his researches have thrown upon the important and much-vexed subject of leucorrhœa. We regard his book as one of the most excellent that has been presented for some time to the medical public.

The publishers have issued the work in most praiseworthy style, the paper, print and plates, which latter are quite numerous, being all of them unexceptionable.

Observations on Wounds of the Heart, and their relations to Forensic Medicine. By SAMUEL PURPLE, M.D., &c. New York.

On the Chemical Analysis of the Tennessee Collection of Urinary Calculi. By E. B. HASKINS, M.D. Clarksville.

We can heartily commend both of the above pamphlets to our readers' attention as papers of real and permanent value. Dr. Purple's observations show, contrary to the general opinion held upon the subject, that even severe wounds of the heart are not necessarily fatal, several instances being related where the recipients of such wounds lived for months, and two where they lived for years afterwards. A table of 42 cases, in which the nature of the injury, the primary symptoms and progress, the result and post-mortem appearance, are all recorded, affords the author an opportunity of settling many important questions regarding these wounds. Sudden loss of blood, compression of the heart from accumulation of blood in the pericardium, concussion or shock of the organ and inflammation, are the principal causes of death in these cases. The symptoms vary very little in their character. "On the receipt of injury we have generally hæmorrhage, weakness, syncope, great paleness, great anxiety and oppression, cold sweat, vomiting, with sooner or later, not unfrequently, complete collapse. The breathing is short and gasping, the pulse feeble and intermittent, the heart's action, scarcely, if at all, perceptible. In the course of from one to eight hours, signs of reaction set in; not unfrequently after vomiting the dyspnœa and cardiac oppression are in a measure relieved; then palpitations not unfrequently arise,

with a peculiar trembling of the organ, with irregular pulse." The diagnosis of such wounds, however, is often illusive. So uncertain is it deemed by the author, that no case of reputed recovery is introduced into his table, where the rational symptoms were alone relied upon.

As regards the treatment, there being less to be feared from the collapse than from the subsequent reaction and fever, a free resort to stimulants should be avoided. To promote the formation of a clot in the wound, adhesive plaster and bandages should be applied to the external aperture, and these should only be removed where there "is reason to believe that the dyspnœa and sense of suffocation are greatly increased by restraining the external hæmorrhage." When reaction sets in, we are to depend upon bleeding and strict antiphlogostic treatment to subdue it. To diminish the heart's action, the veratrum viride is strongly recommended; a moderate mercurialization is also advised as a safeguard against the inflammatory complications which so frequently arise. The necessity of perfect, absolute rest, and for weeks, is forcibly inculcated by reference to cases in which it was neglected or could not be enforced.

The author's remarks upon the prognosis of these wounds and their forensic relations are well considered and judicious; the paper closes with a series of "conclusions," deductions from the facts related. We consider Dr. Purple's monograph a very excellent one, and cheerfully commend it to general attention.

Dr. Haskins' report embraces the results of the chemical analysis of 180 urinary calculi, all but four of which were from human subjects. Contrary to the statements of British and Continental writers, who, all of them, speak of the uric acid calculus as the most common variety, Dr. H. found it extremely rare, while urates were quite common. It would be interesting to know, as the author remarks, to what extent this peculiarity in the urinary deposits exists in the United States, and whether it is confined to the Mississippi valley? We commend the subject to the attention of northern chemists. From facts recorded by him, Dr. H. believes that few calculi owe their origin to constitutional causes, the great majority of them arising from local ones. "It can hardly be doubted," he says, "that the little

masses of animal matter, in the form of epithelium debris, fibrinous and perhaps albuminous exudation, and drops of blood, acted as the potential causes of the formation of the concretion in which they were found." The urine may not have been abnormal in its composition or sedimentous in any of these cases for these bodies to become nuclei of deposit, as it is well known that any foreign body in the urinary passages speedily provokes a precipitation, even from healthy urine. The paper concludes as follows: "I wish only to show by the foregoing remarks, that without a nucleus of foreign matter, *no* state of the urine (with the few exceptions mentioned) will likely give origin to a calculus, and that where there is such a nucleus, *any* state of the urine may form one. And, that the facts above recorded point to the kidney and the agents that determine its local pathology, rather than to the urine and those agents that modify its chemical nature, as the chief sources of urinary calculi."

For the industry and perseverance with which he has pursued his investigations, which must have been exceedingly laborious, Dr. Haskins deserves great credit. In fact, his report cannot fail to be regarded, wherever it is read, as a very valuable contribution to science. It was originally published in the Transactions of the Tennessee Medical Society.

MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA.

This Society held its annual meeting at Hollidaysburg, on Wednesday and Thursday, May 30 and 31.

The meeting was called to order at 10 o'clock, May 30, by the President, Dr. Gemmill.

Drs. G. Emerson, J. A. Landis, and J. McCulloch, were appointed a committee to examine and report on the credentials of members.

This committee reported the names of those entitled to seats.

On motion of Dr. A. S. Kennedy, Dr. R. P. Thomas, of Philadelphia, was appointed Treasurer, *pro tempore*, in the absence of the Treasurer, Dr. West.

The Committee on Credentials report that since the last session two new societies had been organized, viz: one for Franklin, and one for Washington County; the constitutions and by-laws of both of which had been approved by the Censors of their respective Districts.

On motion of Dr. H. Carpenter, the reading of the minutes of the last session of the Society was dispensed with.

The session was formally opened by the President, Dr. Gemmill, with a brief but pertinent address on the importance of the complete and

systematic organization of the medical profession throughout the State, and the leading objects to be gained by such organization.

On motion of Dr. F. G. Smith, the thanks of the Society were tendered to Dr. Gemmill for his able and eloquent address, and that he be requested to furnish a copy for insertion in the printed *Transactions.*

On motion of Dr. Morton, it was

Resolved, that the sessions of the Society be from nine to twelve o'clock A. M., and from two to five P. M.

On motion of Dr. Ross, it was

Resolved, That the reporters of the public press have every facility afforded them for taking minutes of the proceedings.

On motion of Dr. Thomas, it was

Resolved, That a Committee of Nomination, to consist of one from each County represented, selected by its delegates in attendance, be appointed; and that said committee be instructed to designate the place of meeting of this Society in 1856.

The report of the *Chester County Medical Society* was presented and read, and, on motion, referred to the Committee of Publication. It being understood that the committee by whom the report was drawn up have the privilege of making such corrections therein as they may deem proper.

AFTERNOON SESSION, *May* 30, 1855.

The Minutes of the morning session were read and approved.

The Committee of Publication presented their report, as follows:—

The Committee of Publication beg leave to report that they have had printed *seven hundred and fifty* copies of the *Transactions* of the session of 1854, at an expense of $316.45.

Copies were transmitted to the several County Societies, in proportion, as far as it could be effected, to their respective ratio of representation.

The Treasurer, Dr. F. West, presented his report, showing a balance in the Treasury of $32.

On motion of Dr. Condie, it was

Resolved, That the account of the Treasurer, with the vouchers accompanying the same, be referred to an auditing committee, and Drs. S. Lewis, S. A. Ogier, and J. H. Seltzer, were appointed the committee.

The following gentlemen were announced as constituting the Nominating Committee, agreeably to the resolution adopted at the morning session:—

Berks—Dr. J. H. Seltzer.
Blair—Dr. J. A. Landis.
Cambria—Dr. W. A. Smith.
Chester—Dr. S. A. Ogier.
Delaware—Dr. C. J. Morton.
Huntingdon—Dr. H. Orlady.
Lancaster—Dr. J. H. Ehler.
Mifflin—Dr. Bowers.
Montgomery—Dr. F. B. Poley.

Philadelphia—Dr. S. L. Hollingsworth.
Schuylkill—Dr. J. S. Carpenter.
Washington—Dr. J. Wishart.

The report of the *Huntingdon County Medical Society* was presented and read, and, on motion, referred to the Committee of Publication.

The report of the *Schuylkill County Medical Society* was presented and read, and, on motion, referred to the Committee of Publication.

On motion of Dr. Yardley, it was

Resolved, that a committee be appointed to examine the minutes of last session, and report any unfinished business that may appear thereon requiring action at the present session.

Drs. Yardley, Shrack, and Christie were appointed the committee.

A communication was received from the Reading-Room Association, of Hollidaysburg, granting the use of their reading-room to the Delegates to the Pennsylvania State Society during their sojourn in the borough.

On motion of Dr. Condie, the privilege thus granted was very gratefully received, and the thanks of the Society were directed to be presented to the association for their very polite and liberal action in the premises.

The report of the *Medical Society of the City of Reading and County of Berks* was presented and read, and, on motion, referred to the Committee of Publication.

On motion of Dr. Carpenter, of Lancaster, the resolutions in reference to delinquent members appended to said report, were laid upon the table.

The Committee on Unfinished Business in the minutes of last session, presented the following report:—

The Committee on Unfinished Business report that they have examined the minutes of last years' proceedings, and find the following committees were continued to report at this session, namely,

1st. Committee on Adulteration of Drugs. (See printed *Transactions*, vol. iv. p. 10.)

2d. Committee on Vaccination and the Preservation of Vaccine Virus. (See printed *Transactions*, vol. iv. p. 10.)

They further find that reports are due from the following committees appointed at the last session, namely,

1st. Committee on Blanks for Reports from County Societies. (See printed *Transactions*, vol. iv. p. 13.)

2d. Committee on Resolutions submitted by the Chester County Medical Society, through Dr. Parrish. (See printed *Transactions*, vol. iv. p. 17.)

Signed,

THOS. H. YARDLEY,
JOHN SHRACK,
R. W. CHRISTIE.

On motion of Dr. Condie, it was

Resolved, That the several items of business referred to in said report, be now taken up *seriatim*.

It was stated, on behalf of the Chairman of the Committee on Adul-

teration of Drugs, that he had prepared a report on the subject which would, no doubt, be presented in the course of the present session.

On motion, the committee was continued.

Dr. Carpenter, of Lancaster, stated that he had been requested by Dr. Parry, the Chairman of the Committee on Vaccination, &c., to state that, inasmuch as no few facts had reached the committee in reference to the subject committed to them, they had not thought it worth while to prepare a report from the materials they had been enabled to collect, and begged to be discharged from the further consideration of the subject.

Dr. Condie remarked, that, inasmuch as he was convinced that a digest of the facts at present known in reference to the preservative powers of vaccination, and to the preservation of vaccine virus in a state best adapted to produce effectually its influence upon the system of those in whom it is inserted, and a comparison of the experience of the medical profession in different portions of Europe on the several points involved in these important questions, as given in the reports of several medical associations abroad, would be acceptable to the great body of the profession throughout our State, and that it would be calculated also to remove some erroneous views and practices still entertained, and pursued in relation to vaccination, and, at the same time, to promote the extension of vaccination among the community at large, by rendering its protective powers more uniform and certain; he therefore, moved that the committee be continued, with instructions to report at the next session of the Society. Which resolution was unanimously adopted.

Dr. Cassidy asked leave to withdraw from the committee, which request was not granted.

The Chairman of the Committee on Blanks for Reports of County Societies presented his report, which was laid upon the table for the present.

The Chairman of the Committee on Resolutions, presented by the Chester County Medical Society, not being present, the Committee was, on motion, continued with instructions to report at the next session.

The committee appointed to audit the Treasurer's accounts, reported as follows:—

The committee appointed to audit the Treasurer's account, beg leave to report that they have attended to that duty, and find the said accounts correct. A balance remains in his hands of thirty-two dollars ($32.) There is a balance due by the Society for printing the *Transactions* for 1854, amounting to eighty-seven dollars thirty-two cents ($87.32.) Assessments are still due from the societies of Erie, Lycoming. Mercer, and York, for 1853 and 1854; and from Alleghany, Bradford, Cambria, Lebanon, Perry, and Susquehanna, for 1854, amounting in all to one hundred and fifty-seven dollars ($157.)

Signed,

SAMUEL LEWIS,
J. H. SELTZER,
SEPT. A. OGIER.

The following amendment to the Constitution was presented by Dr. Yardley: To insert in Sect. 2, Article III., after the word "societies," in the second line, the words "provided, however, that the officers of

the society, and the chairmen of all committees who have reports to present, shall be delegates *ex-officio.*" So that the section shall read:

"SECT. 2. The delegates shall receive their appointments from the county societies; provided, however, that the officers of the societies, and the chairmen of all committees who have reports to present, shall be delegates *ex-officio;* and to them shall be intrusted the management of the business and affairs of the Society."

The said amendment was unanimously adopted.

On motion of Dr. Kennedy, the following resolution was adopted:—

Resolved, That the Corresponding Secretary be, and he is hereby instructed to address a circular to the prominent physicians in those portions of the State in which no county medical societies exist, urging upon them the importance of organizing such societies without delay.

The report of the Committee on Forms of Reports for County Societies was presented and approved.

The resolution appended to said report was adopted, namely,

"*Resolved,* That the Committee on Forms for County Reports be, and they are hereby instructed to have printed a sufficient number of the forms as reported, and to transmit the same to the secretaries of the county societies, with the request that returns be made at the next session of the State Society in accordance therewith."

Dr. Morton offered the following preamble and resolution:—

Whereas, The editors of the *Delaware County Republican, Blair County Whig, Raftsman's Journal,* and *Olive Branch,* have, with a spirit of genuine philanthropy, constantly refused to insert, in their journals, the advertisements of patent or quack nostrums, and

Whereas, They have been laboring with a faithful and unapplauded zeal, to enlighten the public mind as to their injurious tendencies, thereby enabling the community to detect and discard the ignorant and illiterate pretender, who has too generally been successful, with the aid of a well-paid press, to foist upon the ignorant and credulous his vile drugs; thus jeopardizing the health and lives of the people, both by their indiscriminate use and by contravening suitable and efficient medication: Therefore, as an evidence of our appreciation of a course so laudable and self-sacrificing, the Medical Society of the State of Pennsylvania, do

Resolve, That the members of the County Medical Societies be requested to extend to them, as well as to their families while under their charge, the gratuitous services of the medical profession; and they further

Resolve, That the County Societies be requested to append to their annual reports the names of all editors, and of their respective journals, who have constantly refused to insert the advertisements of empirical nostrums, and that the Committee of Publication be hereby authorized to furnish them annually with a copy of the *Transactions* of the Society.

On motion of Dr. Hartshorne, the said preamble and resolutions were referred to a committee of three, to report to-morrow morning.

Committee—Drs. Hartshorne, Morton, and Orlady.

The Committee of Nominations presented a report, which, on motion of Drs. Condie, and H. Carpenter, was referred back to the Committee, with instruction that it is the sense of this Society that, agreeably to the true meaning of the Constitution, no one can be placed on nomination for the offices of President, Vice-Presidents, Secretaries, Treasurer, or Delegates to the American Medical Association excepting Delegates who are in actual attendance at the sessions of the Society.

[The Report of the Committee of Nominations was referred back, to them, as it contained the names of three gentlemen who were deemed constitutionally ineligible to office, from the circumstance that they were either not delegates, or being delegates, were absent from the meeting. One of the gentlemen referred to was not a delegate. One had been elected a delegate, but had resigned, and one was a delegate, who, though not present when the report was read, took his seat before the final action of the Society upon the matter. In the discussion which followed the reading of the report, it was argued that if the precedent of electing persons to office who were not delegates, or who, if delegates, were not present, were adopted, it would prove injurious if not fatal, to the best interests of the Society. On those grounds, and on that of unconstitutionality, the Committee was ordered to replace the objectionable names by others of delegates in attendance. We do not consider that the Committee is much to be blamed in the matter, however, as their action was only in accordance with that of every previous Committee of Nominations since the organization of the Society, as the following statement amply shows:

In 1849, Dr. Isaac Hays, not a delegate, was elected Corresponding Secretary.
" " Dr. Geo. B. Kerfoot, not a delegate, was elected Recording Secretary.
" " Dr. Thos. Wood, not a delegate, was elected a delegate to the American Medical Association.
" 1850, Dr. J. T. Allen, not a delegate, was elected a Vice President.
" " Dr. P. F. Nagle, not present, was elected a delegate to the American Medical Association.
" 1851, Dr. Geo. Fox, a delegate, but not present, was elected Treasurer.
" " Dr. Traill Green, not a delegate, was elected a delegate to the American Medical Association.
" " Dr. J. L. Foulke, not a delegate, was elected a delegate to the American Medical Association.
" 1852, Dr. Joseph Gibbons, a delegate, but not present, was elected Rec. Sec.
" " Dr. F. S. Burrowes, " " " " a delegate to the American Medical Association.
" " Dr. R. E. James, not a delegate, was elected a delegate to the A. M. Asso.
" " Dr. Jas. R. McCoy, " " " " "
" 1853, Dr. Traill Green, " " " " "
" " Dr. Edw. Wallace, " " " " "
" " Dr. John S. Ross, " " " " "
" " Dr. John S. Irvine, " " " " "
" 1854, Dr. Jacob M. Gemmill, a delegate, but not present, was elected Presid't.
" " Dr. J. H. Dorsey, a delegate, but not present, was elected a delegate to the American Medical Association.
" " Dr. Joseph Henderson, not a delegate, was elected a delegate to the American Medical Association.

No happier illustration than the above can be given of the sharpening influence of the mountain air upon the intellect; it is clear that the constitution was never understood until the meeting at Hollidaysburg —Ed.]

The report of the *Philadelphia County Medical Society* was presented and read, and, on motion, it was referred to the Committee of Publication.

The report of the *Lancaster County Medical Society* was presented and read, and, on motion, it was referred to the Committee of Publication.

Morning Session, *May* 31, 1855.

The minutes of yesterday afternoon's session were read and approved.

The Committee on preamble and resolutions of Dr. Morton, presented the following report:—

The Committee appointed to consider the preamble and resolutions offered by Dr. C. J. Morton, in regard to the action of certain editors of the public press, in declining the insertion of quack advertisements, report that they are prepared to recommend the adoption of the preamble, with the alteration of a few words only, and that they would respectfully suggest the substitution, instead of the resolutions in question, of a single resolution, expressive of the sentiment of the Society, so that the preamble and resolution, as thus modified, may, together, read as follows:—

Whereas, The editors of the *Delaware County Republican*, *Blair County Whig*, and those of some other papers in this State, have, with a spirit of genuine philanthropy, and at considerable sacrifice, constantly refused to insert, in their journals, the advertisements of patent or quack nostrums, and

Whereas, They have zealously labored to enlighten the public mind on the injurious tendency of such impositions, and, by withholding from them the influence of the press, to lessen the power of pretenders to jeopardize the health and lives of the ignorant and credulous, through the indiscriminate use of their compounds and the contravention by such use of suitable and efficient medication; therefore,

Resolved, That this Society views with high approbation and satisfaction the course of the editors and publishers alluded to, as furnishing an example well worthy to be followed by all who conduct the public press, and that we recommend to those members of the profession who reside within the vicinity of such journals, to afford them their patronage, and to testify, in such mode as their own sense of propriety and courtesy may dictate, their opinion of the obligation due from us to those who thus sustain the cause of legitimate medicine.

Signed, Henry Hartshorne,
Chas. J. Morton,
H. Orlady.

On motion of Dr. Carpenter, of Schuylkill, the report was adopted.

Dr. Carpenter, of Schuylkill, offered the following resolution:—

Resolved, That the members of this Society; and the profession generally, be strongly advised to use their influence with apothecaries and

druggists to induce them to discontinue the purchase and sale of patent and quack medicines. And that the profession be recommended to furnish their patronage to those only who comply in this respect.

Dr. Neill moved to amend by adding after "quack medicines" the words "and patented instruments."

The proposed amendment gave rise to considerable discussion. Dr. Hartshorne moved to lay the whole subject upon the table, which was not agreed to. Finally, on motion of Dr. Biddle, the whole subject was referred to a committee of three—Drs. Condie of Philadelphia, Carpenter of Schuylkill, and Ogier of Chester—with instructions to report at the next session of the Society.

The following report was presented :—

The special committee, to whom were referred certain resolutions from the Berks County Medical Society, on the subject of the adulteration of drugs manufactured in the United States, have the honor to submit the following report :—

That, in their opinion, the suggestions of the Berks County Medical Society are worthy the consideration and endorsement of the State Medical Society. The committee believe that the appointment of an *analytical commission*, to investigate the quality of drugs manufactured in the United States, under the sanction of the State Medical Society, might be productive of eminent benefit.

They recommend, therefore, the following resolution :—

Resolved, That an analytical commission of three members be appointed by the State Medical Society, to investigate the quality of drugs manufactured in the United States. That this commission shall report within two years to the Society, and that the necessary expenses of said investigation shall be paid by the Society.

Signed, J. B. Biddle,
J. Carson.

The report was adopted, the resolution thereunto appended adopted, and Drs. Biddle, Carson, and Lewis appointed the commission thereby created.

Dr. Thomas offered the following preamble and resolution, which were unanimously adopted.

Whereas, Section 1, of Article IV. of the Constitution, provides for the election of five Censors for each of the six censorial districts, and Sects. 6 and 7 of Art. V. constitute the Censors of each district a court of final jurisdiction in cases of appeal from the decisions of county societies ; and, whereas, in the present organization of this Society it is impossible to make appointments for each of the six districts, therefore,

Resolved, That the Censors elected conjointly for the first and second districts, for the third and fourth districts, and for the fifth and sixth districts, shall have full and complete jurisdiction, under the Constitution, in all cases arising, irrespectively, in the first and second, in the third and fourth, and in the fifth and sixth districts.

The report of the *Blair County Medical Society* was presented and read, and, on motion, referred to the Committee of Publication.

The report of the *Delaware County Medical Society* was presented and read, and, on motion, referred to the Committee of Publication.

Lists of the officers and members of Alleghany, Washington, and Franklin County Medical Societies were presented.

On motion of Dr. Kennedy, it was

Resolved, That the Recording Secretaries be instructed to prepare a digested index to the Reports of the County Societies for the last five years, for insertion in the forthcoming volume of *Transactions*.

On motion of Dr. Biddle, it was

Resolved, That a Special committee be appointed to report a plan for effecting an extension of the organization into medical societies of the regular members of the profession throughout the State; and that said committee be requested to take, forthwith, such measures as they may deem proper to effect such organization.

Committee—Drs. Gemmil, Biddle, and Wythes.

On motion of Dr. Condie, a committee, consisting of Drs. Condie and Saltzer, was appointed to draw up and present, at the next session of this Society, resolutions expressive of the feelings of its members on the loss they have sustained in the death of their late esteemed member and ex-President, Dr. John P. Heister, of Berks Co., and of their desire to commemorate his worth as a man and his talents and skill as a physician.

On motion of Dr. Henry Carpenter, a committee, consisting of Drs. H. Carpenter, and J. M. Gemmill, was appointed to present at the next session, resolutions expressive of the feelings of this Society on the loss they have sustained in the death of their late esteemed associate, Dr. C. O. Richards, of Lancaster.

On motion of Dr. Cassidy, the same committee were instructed to present, at the next session, resolutions of similar import in reference to the death of Dr. A. S. Baer, of Lancaster.

The amended report of the Committee of Nominations being read, on motion of Dr. Condie, it was

Resolved, That the officers therein named be, and they are hereby declared to be, the officers of this Society for the ensuing year.

President.—James S. Carpenter, of Schuylkill Co.

Vice-Presidents.—J. Wishart, of Washington County; P. Cassidy, of Lancaster do; G. Emerson, of Philadelphia do; J. Shrack, of Montgomery do.

Recording Secretaries.—H. Carpenter, of Lancaster County; A. L. Kennedy, of Philadelphia do.

Corresponding Secretary.—T. H. Yardley, of Philadelphia.

Treasurer.—R. P. Thomas, of Philadelphia.

Censors, First and Second Districts.—J. B. Biddle, Philadelphia County, J. L. Atlee, Sen., Lancaster do.; W. Worthington, Chester do.; Hiram Corson, Montgomery, do.; Chas. Martin, Lebanon, do.; R. E. James, Northampton do.; G. F. Horton, Bradford do.; Ed. Wallace, Berks do.

Third and Fourth Districts.—Jos. A. Landis, Blair County; J. B. Luden, Huntingdon do.; Thos. Wood, Lycoming do.; Jos. Henderson, Mifflin do.; J. H. Case, Perry do.

Fifth and Sixth District.—Jno. Wishart, of Washington County;

Addison, Pittsburg; J. P. Gazzam, Alleghany do.; J. T. Ray, Mercer do.; C. F. Perkins, Erie do.

Delegates to American Medical Association.—R. W. Christy, Blair County; J. H. Seltzer, Berks do.; F. B. Poley, Montgomery do.; C. J. Morton, Delaware do.; J. M. Gemmill, Huntingdon do.; Chas. Bower, Mifflin do.; John Wishart, Washington do.; J. S. Carpenter, Schuylkill do.; S. A. Ogier, Chester do.; A. Sheller, Lancaster do.; H. Orlady, Huntingdon do.

Additional Members of the Committee of Publication.—F. G. Smith, S. Lewis, T. Hewson Bache.

Place of meeting for the session of 1856, City of Philadelphia, on the last Wednesday in May, at 11 o'clock A. M.

On motion of Dr. Morton, it was

Resolved, That the President elect be requested to deliver an address at the opening of the next session.

On motion of Dr. Thomas, the thanks of the Society were tendered to Dr. Gemmill for the able, dignified, and courteous manner in which he has presided over its deliberations during its present session.

On motion of Dr. Morton, the thanks of the Society were tendered to its other officers for the able and efficient manner in which they have discharged their respective duties.

On motion of Dr. Thomas, the thanks of the Society were directed to be presented to the Commissioners of Blair County, for the use of the County Court House for its present session.

On motion of Dr. Biddle, the thanks of the Society were directed to be presented to the Board of Directors of the Pennsylvania Railroad Company, for the facilities afforded by them in the conveyance of the Delegates to the present session.

On motion of Dr. H. Carpenter, the thanks of the Society were tendered to the members of the profession of Blair County, for the courtesies extended by them to the Delegates in attendance at its present session.

Adjourned.

D. Francis Condie,
Henry Carpenter,
Secretaries.

THE MEDICAL EXAMINER.

PHILADELPHIA, JULY, 1855.

PHILADELPHIA HOSPITAL, BLOCKLEY.

We learn, with much satisfaction, that the Board of Guardians of the Poor, of Philadelphia, have lately reorganized the Hospital Department of the Alms House, with a view to Clinical Instruction. A Medical Board has been appointed, consisting of "four surgeons and lecturers,

on clinical surgery, four physicians and lecturers on clinical medicine and three accoucheurs and lecturers on clinical midwifery," and the following gentlemen have been elected to these posts :—

Surgeons—Drs. JOHN NEILL,
H. H. SMITH,
R. P. THOMAS,
D. H. AGNEW.

Physicians—Drs. JOHN B. BIDDLE,
J. L. LUDLOW,
JOSEPH CARSON,
H. HARTSHORNE.

Accoucheurs—Drs. WILSON JEWELL,
CASPAR MORRIS,
R. A. F. PENROSE.

The Philadelphia Alms House Hospital offers unequalled facilities for clinical instruction. Its inmates number between two and three thousand, and furnish the clinical wards with a material which in variety and interest is certainly unsurpassed in this country. The lecture room of the Hospital is spacious and commodious; and the short distance between it and the different medical schools, is now rapidly and conveniently travelled by rail-road cars.

We feel an especial gratification in these increased facilities which are thus opened for clinical instruction in Philadelphia, in the fact that they remove the only apology for those miserable substitutes for hospital instruction, the college clinics. Here, in Philadelphia at least, with the opportunities that are now within the reach of students, at the Pennsylvania Hospital and the Philadelphia Hospital, for the investigation of disease and pathology, there can be no longer any plea for diverting the medical classes from the only legitimate field for a practical knowledge of their profession.

MEDICAL NEWS.

Dr. L. S. Joynes has been appointed to the chair of Medical Jurisprudence and Physiology, in the Virginia Medical College, vacated by the resignation of Dr. Brown-Séquard. Dr. A. E. Peticolas, has been elected to the chair of Anatomy, in the same Institution.

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The Stethoscope having been sold by the Virginia State Medical Society, is now edited by Drs. Goodridge A. Wilson and Richmond A. Lewis.

Messrs. Parry & M'Millan will publish, in the course of a few days, a duodecimo volume, upon the "Mineral and Thermal Springs of the United States and Canada," by Dr. John Bell, of this city. It will be noticed in our next number.

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The profession in Buffalo, learning that Dr. Austin Flint was about to sever his long connection with the Buffalo Medical Journal, and desirous of presenting him with some testimonial of their appreciation of his high character and endowments, have recently had a handsome engraving taken of him, for a copy of which we are indebted to the politeness of Dr. Sandford B. Hunt. As an evidence of the respect and admiration entertained for him by his professional associates, this farewell tribute must have been especially gratifying to Dr. Flint.

Dr. Hunt is now sole editor of the Journal.

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In our account of the proceedings of the A. M. Association, Dr. Frank H. Hamilton, of New York, is made to say that it is impossible to unite a fractured femur without shortening. The following extract from the Buffalo Medical Journal, reports his language correctly:—

"Where, then, must we look for an answer to the question, Why are these prosecutions against surgeons so frequent? Let the gentlemen be assured, the causes are to be found in the *very imperfections of our art, and in our own unwillingness to admit these imperfections.* Surgeons have claimed too much, and it cannot certainly be expected that the world will demand of them less than they claim for themselves. Again and again surgeons have said that a fracture of femur might be generally made to unite without any shortening, while the fact is not so. Malgaigne, who is eminently an honest man, says, to make this bone unite in an adult person, where the fracture is sufficiently oblique to prevent the ends from supporting each other, is 'simply impossible,' (*simplement impossible.*)

"Let the profession be wiser in future, and acknowledge that they cannot perform impossibilities."

—

Extracts from the Proceedings of the Ohio State Medical Society, at its meeting in Zanesville, June, 1855.

AFTERNOON SESSION, JUNE 5th, 2 O'CLOCK, P. M.

Dr. Woodward in the chair.

Drs. Baker and Hills, in the absence of a previously appointed committee, were requested to conduct the president elect to the chair, which duty they performed. Upon taking the chair, Dr. Hempstead, in a few appropriate remarks, returned his thanks to the convention.

The order of the day was the valedictory address of Dr. Woodward. His theme was that of Ethics, generally, and the recent action of the

National Association, in particular. He presented this matter to the Society as officially presented to him by the Secretary of that Association.

In a beautifully written address, the Doctor dwelt at some length upon this action of the National body, and said that it would be much better for the profession if most of the restraints established by what is termed the Code of Ethics, were removed. These shackles are not imposed on other professions, and it would be found much better if each member was permitted to be governed by his own sense of right. It was strange that such a dignified body as the American Medical Association should indulge in such hasty action. It would have been far better to have appointed a committee to confer with the Ohio Association, when the matter could probably have been adjusted after due consideration. He recommended an adherence to the original resolutions, and such action as would express to that Association our sense of the indignity he considered they had offered us in their proceedings.

By the suggestion of Dr. Wright, who stated that other papers on the same subject would be presented to the convention, the valedictory of the Ex-President was laid upon the table for the present.

Dr. Wright, from a special committee, appointed at the last convention, to inquire into the expedieney of revising the Code of Medical Ethics, made a lengthy and very *ingenious* report, in which irony, sarcasm and ridicule were freely commingled with arguments, and all hurled with great force upon the devoted code. He deemed a few of its provisions very good, but common place; others were ridiculous; while some were arrogant and assuming. The code was formed, no doubt, with good intentions; but there was no necessity of any code. There was not enough for the good in it, and too much for the bad—who would use some of its provisions to enable them to carry on their evil designs. The great moral law was alone sufficient to guide every one who was fit to belong to the profession. He was desirous of action now. He did not believe in many rules. Some of the best societies have the fewest laws; while too much legislation has been the bane of others. He again expressed himself as decidedly in favor of the abolition of the code of ethics, and concluded the report with the following resolution:

Resolved, That the Ohio State Medical Society does not require the adoption of any code of ethics, as such, for kindness of intercourse, concert of action and scientific improvement—that the great moral code, declaring it our duty to do unto others as we wish others to do unto us, and our own sentiments as gentlemen, are sufficient for all proper professional and social intercourse.

The report and resolution were laid upon the table.

Upon a motion to make the report, together with the address of the ex-president, the special order for Wednesday morning at 9 o'clock, a somewhat lengthy and animated discussion took place, which was continued until the adjournment. It was finally carried.

Drs. Thompson, Baker, Lawson, Wright, Ball an others participated.

MORNING SESSION, JUNE 6th.

The report and resolutions of the special committee, appointed to inquire into the expediency of revising the code of ethics, together with the address of the ex-president, being the special order for this morning, were taken up, and after various motions, and a somewhat lengthy debate in regard to questions of order, a motion was finally adopted to bring the resolution accompanying the report, before the convention.

Prof. Baker took the floor, and addressed the House at some length, in opposition to the resolutions. He objected not only to the argument in the report of the committee, but the manner in which it was written and delivered. Still, he desired to treat the committee courteously. It was an easy matter to throw ridicule upon any subject by adopting a peculiar manner of treating it. But so far as the code was concerned, it had been read, re-read, and had been received with favor by the profession. It was sensible. A few trivial matters might have been left out, if all whom it was intended to reach were intelligent men, but this was not the case: and so far as he was concerned, the code was satisfactory. It was not expected to be compulsory upon the people; if any one did not show proper respect to his attending physician, it was not expected that his mouth could be shut, but we can claim that the patient should treat his physician courteously, and if he will not do so, he cannot expect the physician to attend upon him, and in a case of that kind, the latter would be sustained by the profession.

Prof. B. dwelt at some length upon the various articles of the code, and concluded by picturing the evil effects which would follow its abolition. It would bring the faculty down to a level with empirics, and destroy the dignity and usefulness of the profession.

In regard to the action of the State Society, at its last session, he thought it to be wrong, and the sooner it retraced its steps the better. He conceived the code to be the Bible of the profession in Cincinnati, and would be extremely sorry to see it mutilated.

On motion of Dr. Wm. Mussey, speeches were limited to ten minutes each, and no one had a right to occupy the floor twice, except by way of explanation.

A motion for the previous question was made, but afterwards withdrawn, and a motion for the indefinite postponement of the whole matter was lost.

The previous question was again called for, but subsequently the motion was withdrawn.

Dr. Murphy said he did not arise to discuss the subject of ethics. That was unnecessary. He considered that the question before the convention was, whether the Society should have an existence after this meeting had adjourned. He was satisfied, after conversation with many members of the profession in various parts of the State, and especially with young men, that, if the action of the last session is not rescinded, a new society will be formed. If he had been a member of the late convention of the National Medical Association, he would have gone farther than it did. He would have made the delegates from this State get down on their knees, and promise to rescind their action, and had it

not been for the prudence and caution of our friends, this would have been done by the convention, instead of making its action prospective. The delegates should not have been allowed to take seats.

He said that he did not make these remarks in the way of a threat, but simply to say what would take place if this resolution was passed.

Dr. Hills wished to remark that he was a member of the National Convention, and that their action in regard to this matter was not hasty, as stated, but was taken after full consideration; that as first presented to that body it was with misunderstandings; that he took occasion to correct them, which modified the feelings, and hence the action was made prospective instead of immediate. He cared not to reply to the reflections in the report on the conduct of the representatives—the question now was on the abrogation of the entire code of ethics, and he felt that such an act would be disastrous to the Society—would practically dismember it, and be ruinous to the interests of the profession, generally.

Dr. R. Thompson made a few remarks in favor of the resolution. He was of the opinion that any one should have a right to his own invention.

After he concluded, Dr. ——— called for the previous question, but it was withdrawn for the purpose of giving the chairman of the special committee an opportunity to close the debate.

Dr. Wright then took the floor, and briefly replied to some of the objections urged against the resolution. He said he did not care how soon this Society would be severed from the American Association, if a connection with that body could only be held by being subservient to it. He considered the Society in Ohio superior to it, and at some time it might happen that they would be glad of our assistance.

So far as the language of the report and the manner of delivery was concerned, that had nothing to do with its statements or arguments. They were true or false, and his tone could not change their effect.

Men, without the code, would be governed by principle; now, the code governs them. For his part, he would rather trust to the honor of a gentleman than the regulations of the code. He, therefore, asked for its abolition, and if any location desired rules or regulations, they could frame a code adapted to their peculiar position. He regarded the system of ethics as mere twaddle, and was unwilling that the Ohio State Medical Society should humble itself and rescind its former action in order to gain favor with the American Medical Association.

The motion to adopt the report and accompanying resolutions of the committee was then lost by a very large majority.

The following resolutions offered immediately, by Dr. T. W. Gordon, were adopted almost unanimously, without debate.

Resolved, That the resolution offered by Dr. Grant, (a member of this Society, and not at this, or at that time, a practitioner of medicine,) at the last session of this Society, which says "that it is not derogatory to medical dignity, or inconsistent with medical honor, for medical gentlemen to take out a patent right for surgical or medical instruments," was offered at a time when many members of the Society had left for their homes, and was not, therefore, the sense of this Society.

Resolved, also, That said resolution is in direct opposition to the code of Medical Ethics adopted by the Society, and therefore be it further

Resolved, That said resolution offered by Dr. Grant, and adopted by this Society be, and is hereby rescinded.

On motion of Dr. Murphy, the Secretary was instructed to forward to the Secretary of the American Association and to the Executive committee at Detroit, a statement of the action of this convention, and a copy of the resolutions rescinding those of last year.—*Medical Counsellor, (Columbus, Ohio.)*

RECORD OF MEDICAL SCIENCE.

Extract from Elkoplasty, or Anaplasty applied to the treatment of old Ulcers. (A reply to Dr. Watson's "Reclamation.") By FRANK H. HAMILTON, A. M., M. D., Surgeon to the Buffalo Hospital of the Sisters of Charity.

Whether any cases ever occur in which an ulcer refuses to heal, chiefly or solely because of the great amount of integument, which has been lost, I will now consider.

I have said that ulcers generally close over by either the formation of new skin, or by the condensation of the granulations and the consequent contraction of the old skin. The limit to the centripetal contraction of the old skin is determined by its extensibility, qualified sometimes by the proximity of a joint, and the more or less flexure of the parts over which the integument is drawn. To this contraction there is, then, doubtless, a measure. It is not competent to the supply of every supposable loss of integument, and what hereafter remains to be done must be accomplished solely by the formation of new skin, and this mostly, if not wholly, as an outgrowth from the old. The exceptions which occur to this rule are too few to encourage us ever to rely upon them for aid. Let us determine, then, whether also to the formation of this new tissue there is a limit, or whether, on the contrary, it may continue to develop itself indefinitely. It will be fortunate if the latter supposition proves to be the correct one.

When an ulcer is healing, what do we observe? First, the granulations rise gradually towards the surface, until, along the margins at least, the level of the adjacent skin has been attained. At this moment, the new skin begins to form upon the peripheral granulations, as a pale pinkish circle, which becomes daily more and more opaque and white, until, in the end, it approaches very nearly to the color and firmness of the original structure. This process is at first rapid, and promises soon to close over the most extensive wounds in a brief period. And whether the wound is large or small, the same thing may be seen—the formation of new skin tissue is at first rapid, if the health and other circumstances are favorable. Soon, however, it is observed to progress more slowly, and even in ulcers, which were from the beginning quite small, we are often surprised to find how tedious, after a few days of rapid progress, are the final stages; and how long a time it takes to close

up the last few lines of its surface. Nor is this change in the rapidity of the process by any means owing to a change in the health of the patient. It may often be observed to occur, and with the same uniformity of decline, when the health of the person affected is daily improving. Nor is it, again, because the extensibility of the skin in the vicinity has been exhausted, that this delay occurs, for I am speaking only of the new growth, and it is of this that I observe so constantly that *its* progress or development is daily more and more tardy. I wish to explain this phenomenon.

I think new skin tissue is formed, not simply upon, but in some sense *by* the old tissue. When, therefore, I say:—"The formative power of the old skin does not extend beyond a few lines. The new vessels, becoming more and more attenuated as they stretch inward from the periphery, lose, at length, the power of generating epithelial cells, or, if formed, they are too imperfectly organized to sustain an existence and they crumble away from the slightest provocation" (*page* 11 *of Article on Elkoplasty.*) I have sought only to express my convictions that the new tissue was dependent upon the old for its material of repair. A belief which, with modifications, is entertained by many pathologists in common with myself. Mr. Miller observes "As a general rule, integument is formed *by* and from integument,"* which expression he afterwards explains to mean, "It is not intended to be understood that the original skin sustains both the production of the organizable material, and the management of the organizing process; the major part of the blastema, whence the cuticular formation is produced, is doubtless furnished by the parts immediately beneath—granulations; and these may also contribute much to the organization. But the process of organization is *commenced* by the original skin, in that portion of the blastema with which it is in immediate contact; and continuance of the process is then, doubtless, maintained by those parts, whether recent or old, with which the advancing pellicle comes in contact."†

But certainly this is a point in pathology which is yet far from being absolutely determined. Whether the lymph which is to develop subsequently into epithelial cells has issued from the capillary vessels of the old skin, or from the vessels of the granulations, the microscope does not decide. The vessels from both of these structures are lying in close juxtaposition, if they are not actually in inosculation, wherever the epithelial cell or its plasma is sought to be obtained. The precise source, therefore, of this reparative material, remains at present a matter of conjecture. Mr. Miller believes that the old tissue furnishes the first plasma, and that subsequently the granulations assume this function entirely, leaving the old tissue no other duty, perhaps, than that of "management," or the assimilation of the products.

I wish to express my dissent from only the latter part of this hypothesis, and to explain more fully why I suppose that the old tissue continues to the last, not only the management, or adaptation of the new material, but also the production or effusion of the same; from which, also, I shall deduce the inference, that, when the old skin or its

* Principles of Surgery, by James Miller. 3d Amer. Ed., p. 199.
† Page 199.

vessels fail to furnish a supply of blastema, the cicatrization must generally cease.

First.—If the granulations or their appropriate vessels are competent, after the process has been commenced by the vessels of the old skin, to the formation of suitable plasma for the construction of epithelium—if this is with them a usual or a normal function, then ought they to perform this duty with as much speed and certainty as did the vessels of the old skin, whose function they have now assumed. But the fact is otherwise. The process, at the moment when it is believed that the skin has relinquished its productive agency to the granulations, languishes and finally ceases altogether.

If, however, we regard the new skin tissue, or the lymph of which it is to be constructed, as always a product of the old, or at least that the new material shall always require some element of matter from the old skin, which shall determine its development into epithelium, then we can readily understand how the gradual diminution of the capillaries through a new and always less perfectly organized structure shall at length render it impossible for them to furnish the plasma requisite for the repair, or for the construction of epithelium cells.

Second.—There are many analogies in the various processes of reproduction and repair which furnish support to this doctrine. Each tissue, when inflamed, furnishes a reparative material like that from which itself has been constructed. "When it is seen that in inflammations of bone the lymph usually ossifies; in those of ligament, is converted into a tough ligamentous tissue; and that, in general, lymph is organized into a tissue more or less corresponding with that from whose vessels it was derived; it is usually concluded that this happens under what is called the assimilative influence of the tissues adjacent to the organized lymph. But we may better explain the facts, by believing that the material formed in the inflammation of each part partakes, from the first, in the properties of the material products of that part; in properties which we know often determine the mode of formation independently of any assimilative force."*

I think, moreover, this case itself—the ulcer which continues to cicatrize more and more slowly—furnishes evidence that it is not by the law of analogous formations, or by assimilation, that epithelial cells are here determined, since this law would continue to operate to the consummation of the cure, and that without delay or abatement.

Third.—I have made a careful vertical section into the new skin, parallel to and about one line from the visible margin of a healing ulcer, and I have observed that the process of cicatrization, along this margin, was on the third or fourth day thereafter sensibly delayed. This I have repeated many times on ulcers, at various stages of cure, and always with the same result, provided the walls of the incision were kept only slightly asunder after the wound had been made.

I do not see how this incision should have disturbed the plastic or assimilative force of the free and yet unbroken margin, nor how the

* Lectures on Surgical Pathology, by James Paget. Amer. Ed., p. 223.

circumstance of retardation can be explained, if we believe the granulations below alone furnish the supplies for the new skin. And yet the fact finds a ready solution in the hypothesis that the old skin, or its capillaries, were the vehicles of nutriment for the new, and that by this bisection of their channels the supply has been cut off or interrupted.

My argument is, finally, that such cases as I have supposed, in which the ulcer will refuse to heal, solely because of the extent of tegumentary loss, do and must continue to occur, from the very laws which govern the cicatrization of such wounds.

That they do occur, I affirm also from my own observation and from the concurrent observation of others. Again and again do we find it necessary to amputate a limb, because the integument has been stripped from it beyond the power of nature to repair; and if the same results do not follow after extensive burns, it is, doubtless, because the original skin is only partially destroyed over all this surface, and there remains, therefore, a multitude of little islets from which new skin is capable of advancing.

As pertinent to this question, I will quote from a recent American reprint: "Cicatrization advances with greatest rapidity around the edges of the sore; the centre taking the longest time to heal, in consequence of the activity of the process appearing to diminish, the further the new skin extends from the old tissues. *Indeed, if the ulcer be large, there may not be sufficient for the cicatrization of the centre.*"*

But if it were true that all ulcers may in time be cured, under proper medical treatment, may it not be well to interfere in some cases of very much delayed healing? One of Dr. Watson's patients had waited ten years, and yet the sore refused to heal, and during a part of this time he was under Dr. Watson's care, and in bed. That all sores will not heal in ten years, even under good management, this case sufficiently illustrates; and I think there are very few large hospitals in which many similar cases might not be found.—*N. Y. Journal of Medicine.*

* Science and Art of Surgery, by John Erichsen. American Edition, p. 69.

Abstract of Meteorological Observations for May, 1855, *made at Philadelphia, Pa. Latitude* 39° 57′ 28″ *N., Longitude* 75° 10′ 40″ *W. from Greenwich.* By PROF. JAMES A. KIRKPATRICK.

1855. May.	Barometer. Daily Mean	Barometer. Mean Daily Range.	Thermom. Daily Mean	Thermom. Mean Daily Range	Dew Point 2 P.M.	Force of Vapor 2 P.M.	Rel. Humid. 2 P.M.	Rain.	Prevailing Winds.	Remarks.
	Inches.	Inches.	Deg.	Deg.	Deg.	Inches.	Hunds.	Inch.	Points.	
1	29.781	.143	59.8	6.3	58.0	.499	.91	0.030	NW.	M. *Rain*; aft. and ev. cloudy.
2	29.963	.182	61.7	4.5	43.3	.335	.47		(Var.)	Cloudy.
3	29.900	.030	54.7	7.0	43.3	.295	.68	0.005	NE.	Cloudy; ev. *Rain.*
4	29.733	.200	58.7	5.3	27.3	.136	.21		NW.	Clear.
5	29.765	.032	62.0	3.3	25.3	.124	.16		NW.	Clear.
6	29.706	.073	65.3	3.3	46.0	.389	.45		(Var.)	Clear; m. hazy.
7	29.634	.072	59.0	6.3	30.7	.177	.26		E.	Cloudy; m. hazy. [*l'st* 29.449
8	29.531	.106	48.0	11.0	43.0	.284	.78	0.238	(Var.)	Cl'y; m. aft. & n't *Rain. Bar.*
9	29.774	.243	45.3	2.7	38.3	.235	.64	0.546	NW.	Cl'dy; m. *Rain; Th. lo'st.* 40°
10	29.941	.170	56.0	10.7	31.7	.176	.32		WNW.	Clear; m. hazy.
11	29.878	.063	62.0	6.0	33.7	.221	.29		W.	Clear.
12	29.847	.052	63.3	1.3	39.3	.296	.38		WSW.	Cloudy.
13	29.855	.015	65.3	2.0	46.3	.390	.50		(Var.)	M. clear; aft. and ev. cloudy.
14	29.810	.046	72.8	7.5	32.3	.268	.21		SW.	Cloudy.
15	29.815	.036	76.3	3.8	45.0	.467	.37		SW.	Cloudy; *Therm. highest* 87°.
16	29.703	.112	77.5	3.2	39.3	.372	.30		SW.	Cloudy.
17	29.833	.137	65.5	4.8	43.3	.335	.47	0.482	NW.	M. *Rain;* aft. & ev. clear.
18	29.952	.119	63.3	4.7	35.7	.252	.31		NE.	Cloudy.
19	29.637	.315	55.8	7.7	59.0	.500	1.00	1.543	NE.	Cloudy; *Rain* all day.
20	29.504	.133	61.5	5.7	48.7	.389	.63	0.035	NW.	M. driz'ng rain; a. cl'y; ev. cl'r
21	29.576	.071	63.7	6.8	32.3	.207	.27		NW.	M. cloudy; aft. and ev. clear.
22	29.685	.106	62.2	1.5	34.7	.237	.30		NW.	Clear.
23	29.782	.097	64.5	3.3	44.7	.382	.44		(Var.)	Clear. [*th.* 9½; *R.* from 10 P.M.
24	29.785	.017	74.5	10.3	60.7	.704	.59	0.154	(Var.)	*R.* 4 to 6 A.M.; *l'ng* from 7½ P.M.
25	29.820	.035	71.0	7.8	37.3	.292	.31		N.	M. and aft. cloudy; ev. clear.
26	29.875	.056	64.3	6.7	34.0	.219	.30		NNW.	M. and aft. cloudy; ev. clear.
27	29.874	.010	63.7	4.0	33.7	.221	.29		NW.	Clear.
28	29.921	.047	67.7	4.0	38.7	.273	.31		(Var.)	Cloudy.
29	29.997	.073	69.7	3.3	40.3	.349	.34		(Var.)	Cloudy. [*Bar. hig'st* 30.124
30	30.095	.098	68.7	1.3	46.3	.430	.43		S.	M. and aft. cloudy; ev. clear;
31	30.044	.051	72.8	4.2	50.7	.510	.48		S.	M. clear; aft. and ev. cloudy.
Means for May, 1855	29.807	.095	63.8	5.2	41.4	.321	.43	3.033	N. 48° W., 56–100.	
4 yrs	29.858	.093	63.8	5.2	47.1			4.635	N. 73° W., 37–100.	

The Monthly Range of the Barometer was 0.675 of an inch., and of the Thermometer 47°.